



City of Post Falls
Mayor's 2010 Youth Awards
Nomination Form

DEADLINE FOR SUBMISSION: APRIL 9, 2010

Please note: incomplete applications will not be considered

Information about the **Individual** Nominee

Age Category (*check one*) 5-7 8-11 12-14 15-18

Name _____

Address _____

Nominee Contact Phone _____ Email Address _____

School or Agency where service performed _____

OR

Information about the **Group** Nominee

Age Category (*check one*) 5-7 8-11 12-14 15-18

Name of Group _____

School or Agency Affiliation _____

Group Contact Name & Phone _____

Email Address _____

List names of ALL group members—use additional pages if necessary

1. In the past 12 months, what community service did the nominee perform?

2. What problem or situation was addressed and who benefitted from these actions?

3. What is unique about this individual's or the group's dedication?

4. How much time, energy and skill were involved?

Nominator Information

How long have you known the nominee? _____

What is your relationship to the nominee? _____

List two other individuals who know of your nominee's accomplishments
(Only one may be a relative.)

Name _____

Contact Phone or Email address _____

Name _____

Contact Phone or Email address _____

Submit to: Mayor's Youth Commission Nominations
408 N. Spokane Street, Post Falls ID 83854