



**Capital District  
Kiwanis Foundation**

*Touching the Lives of Children*

## **TEENAGER OF THE YEAR - 2018**

### **Form 1. STATEMENT OF NOMINEE**

Name \_\_\_\_\_

Area code and telephone \_\_\_\_\_ e-mail \_\_\_\_\_

Mailing address \_\_\_\_\_

City, state, zip \_\_\_\_\_

Birth date \_\_\_\_\_ School grade level \_\_\_\_\_

Parents/guardians names \_\_\_\_\_

Sisters/brothers and ages \_\_\_\_\_

Name of school and city \_\_\_\_\_

School activities/clubs, listing offices held/year \_\_\_\_\_

\_\_\_\_\_

School honors/awards or special achievements \_\_\_\_\_

\_\_\_\_\_

Other activities such as, scouting, church, youth group, offices held/year \_\_\_\_\_

\_\_\_\_\_

Volunteer service activities, listing organization/year \_\_\_\_\_

\_\_\_\_\_

What motivates you to volunteer your time and abilities? \_\_\_\_\_

\_\_\_\_\_



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How has volunteering for service in your school or charity work affected you?

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What are your future aspirations (college/career)?

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Who is your role model, and why?

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What/who has had the most influence on your life and why?

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Special interests, hobbies

Please describe any obstacles you may have had to overcome in your quest to develop as a responsible individual

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If you were "ruler of the world" for one day, what one thing would you do to improve it?

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**DATE** \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_

*To be filled in by Kiwanis Contact*

*Sponsoring Kiwanis Club* \_\_\_\_\_ *Division* \_\_\_\_\_

*Contact* \_\_\_\_\_ *Area Code/Telephone* \_\_\_\_\_



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## **TEENAGER OF THE YEAR - 2018**

### **Form 2. PERMISSION TO USE NAME AND PHOTOGRAPH**

I give permission to the Capital District of Kiwanis International to use my name, photograph and information in press releases, newsletters or other publicity.

SIGNATURE \_\_\_\_\_  
(If under 18 years of age, must also include signature  
of parent/guardian)

PARENT  
SIGNATURE \_\_\_\_\_

Area code and telephone \_\_\_\_\_

Date \_\_\_\_\_



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## **TEENAGER OF THE YEAR - 2018**

*Local clubs of Kiwanis International are seeking nominations for Teenager of the Year. The purpose of this award is to give recognition to deserving teenagers for their academic achievements, citizenship, service to their school and community, growth and responsibility in his/her family unit, character and leadership performance. If nominee continues through competition process on club, division and district levels, and the finalist will win \$2,500 cash and trip with their parents/guardians to the Kiwanis District Convention August 18th 2018 in Reston, VA.*

### **Form 3. RECOMMENDATION OF SCHOOL PRINCIPAL OR TEACHER**

Name of Nominee \_\_\_\_\_

School \_\_\_\_\_

Name of Person making recommendation \_\_\_\_\_

Title/Position \_\_\_\_\_ Area code/telephone \_\_\_\_\_

How long have you known this student? \_\_\_\_\_

Accumulated grade point average \_\_\_\_\_ Standing in class: \_\_\_\_\_ of \_\_\_\_\_

Achievements: academic \_\_\_\_\_

sports \_\_\_\_\_ clubs \_\_\_\_\_

Other honors/awards, all years \_\_\_\_\_

What leadership role(s) has this student assumed, and what effect has this had on him/her, their peers, or success of the class/activity?

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What special talents or abilities does this nominee possess and how is he/she using or developing them?

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Please describe this nominee's relationships with: (i.e., respectful, is a leader)

peers \_\_\_\_\_

authority \_\_\_\_\_

family unit \_\_\_\_\_

Comments relative to student's personality and character, and/or any obstacles this student had to overcome that would merit recognition as Teenager of the Year.

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**DATE** \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_ **Title:** \_\_\_\_\_

PLEASE RETURN DIRECTLY TO KIWANIS CONTACT: (Lt. Governor)

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# Capital District Kiwanis Foundation

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## **TEENAGER OF THE YEAR - 2018**

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### **Form 4. RECOMMENDATION OF ADULT COMMUNITY LEADER, CLERGY OR NEIGHBOR**

Name of Nominee \_\_\_\_\_

Name of person making recommendation \_\_\_\_\_

Title/Position \_\_\_\_\_ Area code/telephone \_\_\_\_\_

How long have you known the nominee? \_\_\_\_\_

Is there any characteristic, or situation, that sets this nominee apart from other teenagers?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What leadership roles or areas of responsibility has this person assumed and how has it affected him/her, his/her peers, or the community?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What special talents, skills or abilities does this nominee possess and how are they using or developing them?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please describe this nominee's relationship with: (i.e., respectful, is a leader)

you \_\_\_\_\_

peers \_\_\_\_\_

authority \_\_\_\_\_



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Family unit \_\_\_\_\_

Comments relative to nominee's personality and character, or obstacles they may have had to overcome, that would merit recognition as Teenager of the Year

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DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

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### **Form 5. RECOMMENDATION OF COMMUNITY ORGANIZATION, OR EMPLOYER**

Name of Nominee \_\_\_\_\_

Name of person making this recommendation \_\_\_\_\_

Title/Position \_\_\_\_\_ Area code/telephone \_\_\_\_\_

How long have you known, or worked with this nominee? \_\_\_\_\_

Is there any characteristic, or situation, that sets this nominee apart from other teenagers, what?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please describe the volunteer service or working relationship with the nominee, i.e., employed as, does volunteer paper work, candy stripper.

Please describe the nominee's dependability, assuming responsibility and maturity on the job/service.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please describe this nominee's relationships with: (i.e., respectful, is a leader)  
peers/co-workers \_\_\_\_\_

authority \_\_\_\_\_

customers/public \_\_\_\_\_





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## **TEENAGER OF THE YEAR - 2018**

Comments relative to nominee's personality and/or character, or overcoming any obstacles that would merit recognition as Teenager of the Year.

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**DATE** \_\_\_\_\_ **SIGNATURE** \_\_\_\_\_

PLEASE RETURN DIRECTLY TO KIWANIS CONTACT: (Lt. Governor)

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## **TEENAGER OF THE YEAR - 2018**

### **Form 6. SUBMISSION OF NOMINATION BY LT. GOVERNOR**

Lt. Governor Name \_\_\_\_\_ Division \_\_\_\_\_

Address \_\_\_\_\_

Area Code/Telephone \_\_\_\_\_ e-mail \_\_\_\_\_

Division Teenager of the Year Chair \_\_\_\_\_

Name of Teenager of the Year Nominee \_\_\_\_\_ - \_\_\_\_\_

How many nominations were submitted by clubs in your division? \_\_\_\_\_

What attributes(s) set this nominee apart from the rest of the nominees you considered?

\_\_\_\_\_

What did you do to recognize your Division Teenager of the Year?

\_\_\_\_\_

Please enclose copy of any publicity/media releases regarding this nominee's selection as Club and/or Division Teenager of the Year.

Has this student been advised that his/her nomination is being considered for District Teenager of the Year competition?       Yes       No

**DATE** \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_

#### **Checklist**

1.  Statement of nominee
2.  Permission form to use name and photograph
3.  Recommendation of teacher or principal
4.  Recommendation of adult neighbor, clergy or community leader
5.  Recommendation of community/charity organization, or employer
6.  Statement of Lt. Governor, with copies of publicity if any
7.  Photograph of nominee

***NOMINATIONS MUST BE POSTMARKED BY March 31, 2018.***