## Community Action Council for Lexington-Fayette, Bourbon, Harrison and Nicholas Counties, Inc. Nomination Application ~ Outstanding Community Service Award for High School Seniors

Date:			
	Nominee Informatio	n	
Name:			
(First)	(Middle)		(Last)
Street Address:			
City:	, КҮ	Zip Code:	
Home Telephone:		Cell Phone:	
Name of School:			
Address of School			
City:	, КҮ	Zip Code:	
Telephone:			

## Use additional sheets if necessary

1. Describe, in as much detail as possible, the activity or activities for which the student is nominated.



2. Describe the impact of the student's work.

3. List name(s), organizational affiliation(s), address(es) and telephone number(s) of person(s), other than school personnel, who can provide additional information about activities for which the student is nominated.

4. List other awards or recognition that this student has received.

5. Describe student's present career goals.



Nomination submitted	by:	
Signature:		
Name (Print):		
Street Address:		
City:	State:	Zip Code:
Telephone:		
(	(Daytime) (Even	
Relationship to Student:		
Date:		

## Certification by Guidance Counselor:

I certify that the candidate is a student in good standing and that his/her cumulative grade point
average as of/ was on a 0 scale. I further certify that he/she is
expected to graduate on/
Signature:
Name (Print):
Titler
Title:
High School:
Telephone: Date:

