

Town of Rochester Youth Commission
PO Box 65 Accord, NY 12404
845 626-2115

*Nominees MUST be Town of Rochester Residents, or a Group based in the Town of Rochester.
Current members of the Town of Rochester Youth Commission and Town Board are not eligible.*

Please print or type clearly

Mary Lee Friend of Youth Award

Return to the above address

I wish to nominate the following individual(s) (or group) to be honored with the **Mary Lee Friend of Youth Award** for continuing contributions and dedication to the positive development and well being of children and youth in the Town of Rochester. I believe this person's (or group's) contribution has had a significant impact on children and youth in the Town of Rochester. Nomination can be for:

- Service to youth;
- Service to a community youth organization;
- For a single or continuing effort for youth;
- For youth leadership.

Nominee: _____ .

Address: _____ .

City State Zip: _____ .

Phone (H): _____ .

Phone (W): _____ .

Cell _____ .

Occupation: _____ .

School: _____ .

Principal: _____ .

(School & Principal information for Youth Recognition Award)

Please list two (2) references (other than yourself), who are familiar with the nominee's contributions to youth. One reference MUST be an adult.

Reference:

Name: _____ .

Address: _____ .

City State Zip: _____ .

Phone (H): _____ .

Phone (W): _____ .

Cell: _____ .

Sue Matson Distinguished Youth Award

Return to the above address

I wish to nominate the following youth(s) (or youth group) to be honored with the **Sue Matson Distinguished Youth Award** for contributions and dedication to fellow youth and/or members of the community, community groups, or the community (in general) in the Town of Rochester. Nomination for youth up to the age of 21 can be for:

- Service to other youth;
- Service to individuals;
- Service to a community organization;
- Service to the community as a whole;
- For a single or continuing effort;
- For leadership.

Nominated By:

Name: _____ .

Address: _____ .

City State Zip: _____ .

Phone (H): _____ .

Phone (W): _____ .

Cell _____ .

Date Submitted: _____ .

Reference:

Name: _____ .

Address: _____ .

City State Zip: _____ .

Phone (H): _____ .

Phone (W): _____ .

Cell: _____ .

Questions: Please call the Town of Rochester Youth Department 845 626-2115

