

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

Date: _____

Nominee Information

Name: _____
 (First) (Middle) (Last)

Street Address: _____

City: _____, KY Zip Code: _____

Home Telephone: _____ Cell Phone: _____

Name of School: _____

Address of School _____

City: _____, KY 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.



Nomination submitted by:

Signature: _____

Name (Print): _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____
(Daytime) _____ (Evening)

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): _____

Title: _____

High School: _____

Telephone: _____ Date: _____

