

*Kiwanis Club of Auburn, New York*  
*P.O. Box 791*  
*Auburn, New York 13021*

**KIWANIS OUTSTANDING YOUTH SERVICE AWARD**  
(Ages 12-19)

**STATEMENT OF PURPOSE**

The purpose of the Auburn Kiwanis Outstanding Service Award for Youth is to identify annually, outstanding achievement in the area of service to others by local youths. In so doing, our intention is not only to honor the individuals, but also to highlight the value of service to others as an important and beneficial choice for our young people.

It is our hope that this event will thus focus community attention on the positive and constructive value of service and its applicability to young adults.

**CRITERIA**

All youth between the ages of 12 and 19 are eligible for nomination. Nominees must be residents of Cayuga County.

To be eligible for the Outstanding Service Award, the youngster must be nominated by someone other than herself/himself who is capable of articulating in writing the nature and form of service provided by the nominee.

It is our intention to maintain a broad enough definition of service in order to recognize diverse forms of service and circumstances. In general, however, service is defined as any on-going service or activity, which perceptively aids, assists, enhances, or enriches the life or lives of others. Without being exclusive, a list of examples might include:

- ❖ Volunteer service in a hospital, nursing home, or other medical facility
- ❖ Visitation or care of any ill, infirm, or convalescing individual
- ❖ Volunteer service to sports activities for younger or disabled youth
- ❖ Volunteer activities for human service organizations (Easter Seals, American Cancer Society, Cerebral Palsy Association, etc.)

**NATURE OF THE AWARD**

The proposed award will be presented at the Auburn Kiwanis Dinner meeting in April at the Springside Inn in Auburn. Associated with the award will be a \$500 Scholarship for the first place winner and a \$250 Scholarship to the second place winner. The money can be applied to any education or training experience the winner desires.

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**NOMINATING FORM**

1. Name of individual completing the form \_\_\_\_\_  
Organization/group \_\_\_\_\_  
Relationship to candidate \_\_\_\_\_

11. Candidate's Name \_\_\_\_\_  
Age \_\_\_\_\_ Phone number \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

111. Please describe briefly the nature of the candidate's service and why you feel she/he should be considered for the award (please refer to the award narrative for sample criteria).

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\*If additional space is needed, please use a separate sheet.