

SCHOOL ACTIVITIES:

SCHOOL ACTIVITY	JOINED	OFFICER/CAPTAIN (TITLE & YEAR)
<i>Academic Honors</i>		
<i>Student Government</i>		
<i>School Clubs/Departments</i>		
<i>Athletics</i>		

GRADE (G.P.A. if possible): _____

Other pertinent information why this youth should be recognized for a Greene County Youth Award:

I certify that the information regarding the above named student is correct to the best of my knowledge.

Name of Nominator _____ **Contact info** _____

Signature: _____ **Date:** _____

Greene County Department of Human Services

Photo/Video Release

I hereby grant Greene County Department of Human Services consent to use my likeness, in photographs in whatever form or condition, with or without the use of my name, for any lawful purpose.

I understand that I will not be compensated for this.

I state that _____ is over eighteen (18) years of age.
___ Yes ___ No

If under age eighteen, a parent or legal guardian must complete on the minor's behalf.

Date: _____

Name (please print): _____

Signature: _____

Relationship: _____ Self _____ Parent/Legal Guardian