CYSA CONNECTICUT YOUTH SERVICES ASSOCIATION

CYSA 2017
AWARD NOMINATION FORM

NOMINEE:

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

Agency/Program Name: _____
Address: _____
Work Phone: _____

Home Phone and address (if available): _____
_____
_____

Title: _____ Years in Field: _____

AWARD CATEGORY (Select One):

_____ Youth Services Employee _____ Youth Leadership
_____ Program Award _____ Special Award

NOMINATOR: ***(May be other than regional rep)***

Name & Title: _____
(Last) (First) (Title)

Agency/Program Address: _____
_____
_____

Work Phone: _____ Home Phone: _____

Name, title & phone number of additional references or nominators that CYSA may contact (optional):

_____
_____
_____
_____

On the other side of this form, please describe, in 500 words or less, the nominee's qualifications for this award.

*Submitted By: Print Name:*_____

Representing Chapter: _____ ***Signature:*** _____

This form is due by June 30, 2017
Submit to Cephus Nolen, Membership Chair, cnolen@easthartfordct.gov