



The 36th Annual Mayor's Youth Award

Believing in tomorrow, today!



GROUP NOMINATION FORM

Name of Group Nominated: _____

Group Leader's Name(s): _____

Telephone #: _____ School: _____ Grade(s): _____

Address: _____

Write a **brief description (200 words or less)** of the outstanding service that this group has engaged in over the past year to improve Milford and/or assist its citizens. The nominees' efforts must demonstrate their dedication to strengthening the Milford community. In the past, groups have been nominated for acts of community service, fundraising, sending care packages to troops overseas and helping with storm recovery efforts. *A copy of your completed form is shared with the group leader(s) so that they can inform the individual group members about the value and impact their work has on the community!*

In order to provide a certificate for each group member, Group Nominations must be submitted with a list of ALL group members' names!
Please write clearly and check spelling.

Your Name: _____ Address: _____

Telephone #: _____ Email: _____

Relationship to Nominee: _____

Completed nominations may be submitted by mail, fax or email:

"Mayor's Youth Award"
Milford Department of Human Services
150 Gulf Street
Milford, CT 06460

Tel Number: (203) 783-3253 Fax Number: (203) 783-3238 Email: DMills@milfordct.gov

Nomination deadline: Tuesday, April 2, 2024 (FIRM)
Mayor's Youth Award Ceremony: Tuesday, May 7, 2024 at 5:00pm
Location: Parsons Complex--Auditorium

