Madison Heights Youth Assistance

31201 Dorchester Avenue Madison Heights, MI 48071 248.589.6860





Madison Heights Community Coalition

300 West 13 Mile Road Madison Heights, MI 48071 248.837.2665

mhcc@madison-heights.org

YOUTH RECOGNITION AWARD **STUDENT NOMINATION FORM - 2025**

Please fill in ALL shaded areas.

STUDENT'S LEGAL NAME

STODENT 3 LEGAL NAIVIE		GENDER WALE	FEIVIALE
PREFFERED NAME OR IF NAME IS DIFFICULT TO PRO	DNOUNCE, HOW IS THE NAME	PRONOUNCED?	
ADDRESS	CITY		ZIP
SCHOOL	GRADE	PHONE	
PARENT/GUARDIAN NAME			
EMAIL ADDRESS (Preferred for advance notice	of invitation.)		
DESCRIPTION OF STUDENT'S A Please limit description to 55 word eliminated from the program. Please Youth Recognition Program AS WRITTER	s or less. Any descript e note, the following info	ion more than 55 w	ords will be

			
NOMINATOR'S INFORMATION			
NOMINATOR'S NAME	ТІТ	LE	
NOMINATOR'S ORGANIZATION/SCHOOL			
NOMINATOR'S ADDRESS	CIT	Y	ZIP
NOMINATOR'S PHONE #	NOMINATOR'S EMAIL ADI	DRESS	
****FORMS MUS	ST BE RECEIVED	BY MARCH 28,	2025****
Send recognition forms to: I	Madison Heights C	Community Coali	ition

300 West Thirteen Mile Road Madison Heights, MI 48071

mhcc@madison-heights.org Or email to:

Questions: Kimberly Heisler, 248-837-2665

Deb Lindsey, 248-589-6860