

GOOD SHEPHERD COMMUNITY HEALTH FOUNDATION
NOMINATION FORM
OUTSTANDING YOUNG CITIZEN AWARD

Name of Nominee _____ Age _____

Address _____ Phone # _____

Your Name _____ Phone # _____

E-mail _____

Your relationship to the nominee: _____

This award will be given to a young person under 21 years of age that is an outstanding community member of **Hermiston, Echo or Stanfield**. They should demonstrate the following characteristics: commitment, personal responsibility, positive attitude, leadership, and caring attitude toward others.

Please submit this form, along with a letter explaining the achievements, activities, or additional information which makes this individual a candidate.

List two additional references for the nominee:

Name: _____

Name _____

Phone # _____

Phone # _____

E-mail _____

E-mail _____

Relationship to Nominee: _____

Relationship to Nominee: _____

All nominations must be received no later than March 1, 2024

Please send to
GSCHF
620 NW 11th Street, Ste 101
Hermiston, OR 97838
emarvin@gshealth.org