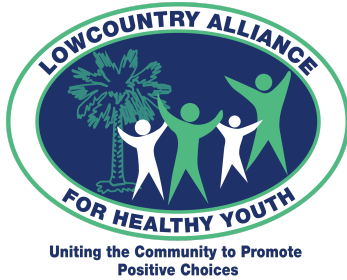




**Uniting the Community to Promote
Positive Choices**

<https://www.lcahealthyouth.com/>

**Lowcountry Alliance for Healthy Youth Senior Service
Recognition Award APPLICATION PACKET 2024**



LowCountry Alliance for Healthy Youth Senior Service Recognition Award

Purpose: To recognize, honor, and award an outstanding senior of Teens for Healthy Youth (THY). THY is an initiative of LowCountry Alliance for Healthy Youth (LCAHY), a coalition of Hilton Head and Bluffton uniting the community to promote positive choices and healthy lifestyles for our youth. THY award candidates must demonstrate:

- Involvement in LowCountry Alliance for Healthy Youth and Teens for Healthy Youth
- Dedication to LCAHY's mission to promote positive choices and healthy lifestyles
- Play an active role in Teens for Healthy Youth/LowCountry Alliance for Healthy Youth
- Promote positive youth development & healthy lifestyles

Requirements:

Applicant must be:

1. an active member in Teens for Healthy Youth for at least two years
2. a graduating senior with a minimum GPA of 3.0
3. be accepted to a college or post-high school educational program.
4. submit a completed application form and attachments by the deadline date.

Award: The LowCountry Alliance for Healthy Youth will provide a monetary award to the selected recipient(s). The scholarship money is given to the recipient(s) directly.

Deadline: **Friday, April 5th, 2024**

Applications received after the deadline will not be considered.

Forward All Questions to:

Mrs. Laura Pirkey

LCAHY Youth Coordinator/THY Coordinator

laurapirkey@gmail.com

843-384-3351

Instructions:

Applicants must complete and *submit all enclosed forms electronically*, these must be typed (hand written forms will not be accepted). It is the applicant's responsibility to ensure that all forms are received by LCAHY via email to: lcalliance4healthyyouth@gmail.com by **April 5th, 2024**. Forms may be emailed separately or together.

- **Form 1 Application Form:** This must be filled out completely and have your name typed in the signature line at the bottom of the page (serving as an electronic signature).
- **Form 2 Applicant Statement:** **This form, along with your applicant statement, must be accompanied with a list of accomplishments specific to THY/ LCAHY.** In other words, write about and detail your involvement in THY and LCAHY. A list of what is to be included in the Applicant Statement is indicated on the form. **(Do not include other club activities, non-THY/LCAHY volunteer activities, or academic accomplishments.)**
- **Form 3 Guidance Statement:** This form must be completed by your Guidance Counselor and submitted with your school transcript. It may be emailed separately or together along with the rest of the packet to the email address indicated above.
- **Form 4 Letter of Reference:** Applicants must distribute two letters of reference forms. One must be the THY Advisor and the other may be a teacher or community leader who knows the applicant well and their capacity as a THY member. **Individuals who write letters of reference must write about the applicants involvement with THY and LCAHY.** (Do not include information on other club activities, non-THY/LCAHY volunteer activities, or academic accomplishments.)

The selection committee will review the applications and select the number of qualified applicants.

Recipient(s) of the award will be notified by Friday, April 19th, 2024 and must attend the Teens for Healthy Youth Recognition Event on **April, 30th, 2024 at 6 PM.** Parents and school officials are invited to attend this meeting as well.

Form 1: Application Form

Applicant Name:

Applicant's Address:

Applicant's Phone number:

High School currently attending:

School Mailing Address:

School Phone Number:

College or post-secondary education program you plan to attend:

Anticipated course of study or program:

List the two people who will be submitting letters of reference:

THY Advisor:

Teacher/Community Member

Statement: I have read and accepted the rules and the eligibility requirements to be considered for this recognition award. I certify that all information in my application is accurate to the best of my knowledge. I consent to the review and release of this application to the appropriate person(s) in LCAHY.

Applicant's Electronic Signature

Date:

Form 2: Application Statement

Name of Applicant

Date

Applicant Statement Requirements for LCAHY's Senior Service Recognition Award:

- Must be neatly **typed** and presented in organized format
- Must be at least one page, but no more than two pages long
- Must include personal, educational, and career goals
- **Must include details about involvement in THY and LCAHY**
- **Do not include information about other clubs, service organizations, or academics!**

Include your applicant statement and a detailed explanation of activities/involvement in THY/LCAHY with this form. Please submit to lcalliance4healthyyouth@gmail.com.

Form 3: Guidance Counselor Form

has applied for LowCountry Alliance for Healthy Youth's Senior Service Recognition Award. The selection committee requests that you (the Guidance Counselor) complete this form as a part of the application package.

Applicant has been a member of THY for number of years.

**Note applicant must have been a THY member for at least two years.

Grade Point Average of this student:

Guidance Counselor Name:

Guidance Counselor Email:

Guidance Counselor Phone Number:

PLEASE INCLUDE A COPY OF THE APPLICANT'S TRANSCRIPT and email to: lcalliance4healthyyouth@gmail.com no later than **Friday, April 5th, 2024**.

For further information or if you have questions, please contact:

Laura Pirkey- Youth Coordinator of LCAHY at laurapirkey@gmail.com

***** Please note, this information can only be submitted electronically.** Do not put this information in the mail.

Thank you!

Form 4: Letter of Reference (2 required)

_____ is applying for the LCAHY Senior Service Youth Recognition Award for his/her exceptional participation in Teens for Healthy Youth/Lowcountry Alliance for Healthy Youth. Teens for Healthy Youth are dedicated to promoting positive teen health through leadership, peer to peer education, and service. The award is given to a senior(s) who are members of Teens for Healthy Youth and who exemplify:

- Involvement in THY and LCAHY
- Dedication to LCAHY mission to promote positive choices and healthy lifestyles
- Play an active role in Teens for Healthy Youth

Please be specific and candid in your remarks. Your letter of reference will be treated confidentially.

Please be sure to include the following in your **typed** letter of reference:

- How long have you known the candidate?
- In what capacity do you know the person?
- Why do you consider this person deserving of this award?
- **Describe the candidate's participation in Teens for Healthy Youth and Lowcountry Alliance for Healthy Youth.**
- You may include other information pertinent to THY and LCAHY involvement.
- **Do NOT include information about other clubs, service organizations, or academics.**

Name of

Reference:

Reference's Email:

Reference's Phone

Number:

To be considered for this award, your letter of reference must be emailed to lcalliance4healthyyouth@gmail.com no later than April 5th, 2024.