

Westchester County Board of Health
J.R. Tesone Youth Public Health Service Award

2017 YOUTH NOMINATION FORM

ELIGIBILITY: A nominee must live or attend school in Westchester County

CRITERIA: A nominee should be a student whose volunteer efforts have made a creative contribution to public health in Westchester

FILING DEADLINE: **One week extension! February 14, 2017**

MAIL OR DELIVER TO: Westchester County Board of Health
 Public Health Awards
 C/o Caren Halbfinger
Cqh4@westchestergov.com Subject Line: 2017 Youth Nomination
 Westchester County Department of Health
 145 Huguenot Street, 7th Floor
 New Rochelle, New York 10801

1. Nominee Information (Use N/A where not applicable)

Nominee's name and age	School attending, Grade
Address	Time spent on this initiative
Email	Phone
Funding Source	Partner Agencies

2. PUBLIC HEALTH CONTRIBUTIONS: Use the reverse side of this form or attach your remarks to describe the creative effort of the nominee and the positive impact he/she has had on public health in Westchester, any obstacles, and how he/she overcame them. Include multimedia examples and links as needed.

3. PERSON MAKING THE NOMINATION

Name	Agency (if applicable)
Address	Phone and email
Signature	Date

PUBLIC HEALTH CONTRIBUTIONS OF NOMINEE

[Empty box for public health contributions of nominee]