

2016-2017 Lilly Kaighin Award Application

The Lilly Kaighin Award is funded by the TeamUP Volunteer & Partnership Council

The Lilly Kaighin Community Service Award was established to memorialize one of the founders of the school district volunteer and partnership program. This award is given to a 12th grader (senior) enrolled in a Sarasota County public high school who has seen a need in the community and has created and implemented an **original community service project** to meet the identified need. The TeamUP Volunteer & Partnership Council Awards Committee will select one award winner. The amount of the award is \$1,000 and will be presented at the Annual Outstanding Volunteer & Partnership Recognition Ceremony on April 06, 2017, which the winner must attend.

1. Please complete the information below. PLEASE PRINT.

Name: _____

Address: _____

City, State, Zip: _____

Telephone Number: _____ Cell Phone Number: _____

Email: _____

School where you are a senior: _____

Plans for post-secondary education/ career: _____

Title of Original
Community Service Project: _____

2. Attach a written recommendation from an adult directly involved with your project. Indicate below the name, address and phone number of adult writing your recommendation. This person should have direct involvement with you and your community service project and the recommendation should describe those connections and the project outcome(s).

3. Attach a separate sheet with a detailed description (one-to-two page essay, using 12 pt. font) of an original volunteer or community service project/program you have created or helped to create, including all of the following:

- A. Describe the overview of your project;
- B. Describe all levels of your involvement with this project from beginning to end;
- C. Describe the impact of your project on the community and the community ties you have developed through your service; and
- D. Describe your vision of how your project might continue.

4. Attach a written recommendation from an adult familiar with your volunteer or community service project(s). Indicate below the **name, address and phone number of the adult writing the attached recommendation**. This person must not be a relative, but should have direct involvement with you and your community service project.

Reference Name: _____

Reference Address: _____

Reference City, State, Zip: _____ Reference Telephone Number: _____

Application must include all items (1-4) above or application will be disqualified.
DO NOT SEND OTHER MATERIALS SUCH AS PHOTOS, TRANSCRIPTS, NEWSPAPER ARTICLES, ETC.

Application must be in the Volunteer & Partnership Office by January 30, 2017 at 4:00 p.m.
Mail to: TeamUP Volunteer & Partnership Council Awards Committee
Sarasota County School District
1960 Landings Blvd., Sarasota, FL 34231