

# 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 12<sup>th</sup> 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**