NAME OF YOUTH	First	M	iddle Initial	Last
Youth's date of birth	/	/	Age	
				Dept. of
Description of brave Good Deed Awa deed should be	ry and/or de ard – Youth sho present	ed perform ould demons	ned by youth (t	to be completed by unit) role in community service, specific
UNIT CERTIFICATI	ON (MUST I	BE CERTI	FIED BY TWO	the deed being recognized. OUNIT MEMBERS) Date
Unit Member				Date
Units should send c DEPARTMENT SEO Name	CRETARY C	ERTIFICA	TION	
Department secreta	ry mails nom	nination to	National Head	Iquarters, 8945 N. Meridian S t to unit or department.
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Name		A	uui 655 ata	ZIP
				_ ZIF
Please use this form for contact National Headq	all Youth Hero uarters at child	o and Good I Iren&youth@	Deed Award nom ALAforVeterans.	inations. For more information, org or (317) 569-4500.
Date received				hipped
☐ Youth Hero Awa				