

South Carolina Foster Parent Association
Teen Recognition Nomination
print out, complete and return to address below

(Name of person nominated)

is being nominated by

(Name of person nominating)

Information about Nominee:

Date of Birth: _____ Grade in School: _____

School Attended: _____

Name of Foster Family: _____

Address: _____

City: _____, SC Zip Code: _____

Phone Number(s): _____

On a separate sheet of paper, briefly answer the following questions:

1. Why is the person you are nominating worthy of this recognition?
2. What is your relationship to the person being nominated?
3. What specific "character traits" would you say this person demonstrates?
4. Include any information that will help collaborate why this person is deserving.

Send all information to:

SCFPA
P.O. Box 39
Elgin, SC 29045

Fax: 803-636-2674