



NEW YORK STATE YOUTH LEADER OF THE YEAR

Presented by: the New York State USBC Youth Leaders

The NYS USBC Youth Leader of the Year Award is presented to one Youth Leader who has demonstrated outstanding skills in organizing, administering and promoting youth bowling at the local/state level.

THIS FORM MUST BE RETURNED BY: April 21st, 2025
MAIL TO: Nancy Howell, 11 Hewitt Place, Kingston, NY 12401
OR Email to: NYSYOUTHLEADERS@gmail.com

Nominee's Full Name _____ Nominee's Date of Birth ____/____/____

Nominee's Street Address _____

City _____ State _____ Zip Code _____ Nominee's Phone () _____

Member of _____ Association Youth Leaders

Nominee's Employer (if any) _____

Number of Years nominee has been a local Youth Leader _____

Local Offices Held (if any) _____

Number of Years has been a New York State Youth Leader _____

State Offices Held (if any) _____

List the New York State Youth Leader Meetings nominee has attended _____

ON THE BACK OF THIS APPLICATION please write a statement on the nominee's history, service and accomplishments in their local and/or State Youth Leader Program without mentioning the nominee's name (use additional pages as needed). Feel free to attach any supporting documents.

Name of the School/College Nominee Attends _____

Year in School/College _____ Grade Point Average _____ Graduation Date _____

PLEASE ATTACH A COPY OF THIS YEAR'S INDIVIDUAL BOWLING RECORD.

EACH NOMINATION SHOULD HAVE BOTH AN ADULT AND A YOUTH BOWLER'S BOWLER SIGNATURE BELOW. THE NOMINATIONS SHOULD BE A JOINT VENTURE BETWEEN ADULTS AND YOUTH BOWLERS.

Adult's Name (please print) _____ Youth's Name _____

Address _____ Address _____

City _____ State _____ City _____ State _____

Zip Code _____ Phone (____) _____ Zip Code _____ Phone (____) _____

Relationship to Nominee _____ Relationship to Nominee _____

Signed _____ Date ____/____/____ Signed _____ Date ____/____/____