



**BSNC YOUNG PROVIDERS AWARD  
NOMINATION FORM**

Instructions: To nominate an individual from your community as a possible recipient of the BSNC Young Providers Award please complete the form, below. BSNC will accept nominations from family members, teachers, tribal and corporation board members and other community members for young people, less than 30 years of age, who care for their families and communities. Nomination of individuals who are involved in activities that benefit the community such as suicide prevention programs, youth sports, and community well-being and health are especially encouraged.

Nominee Information			
Name		Day Phone	Mailing Address
Email Address		Cell Phone	
Date of Birth			
Parent(s) or legal guardian(s)			
Email Address		Day Phone	Cell Phone
Nominated by: <input type="radio"/> Family <input type="radio"/> IRA Council <input type="radio"/> City Council <input type="radio"/> Village Corporation <input type="radio"/> School <input type="radio"/> Other _____			
Name of Person Completing Form Information			
Email Address		Mailing Address	
Day Phone	Cell Phone		
Please provide the names of three people in your community that could recommend the Nominee for the BSNC Young Providers Award			
1)	Day Phone		Cell Phone
	Email Address		
2)	Day Phone		Cell Phone
	Email Address		
3)	Day Phone		Cell Phone
	Email Address		

1) Briefly describe how the Nominee fulfills one or more of the following. Use additional paper if necessary.

A) He/she cares for family through subsistence activities, Elder care, or mentoring of young people in traditional activities and values or education.

---

---

---

---

---

---

---

---

---

---

B) He/she is involved in activities that benefit the community such as suicide prevention programs, youth sports, and community well-being and health.

---

---

---

---

---

---

---

---

---

---

2) Please include a photo of the nominee with the completed application.

Please submit completed form and photo of nominee by **July 19, 2017**, to:

BSNC  
Young Providers Award  
P.O. Box 1008  
110 Front Street, Suite 300  
Nome, Alaska 99762

Faxed to (907) 443-2985  
Emailed to  
[kgooden@beringstraits.com](mailto:kgooden@beringstraits.com)

Please call (907) 443-5252 with any questions.