



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. Nominees should be young people, 29 years of age or younger, who care for their families and communities. Please consider individuals who are involved in activities that benefit the community, such as suicide prevention programs, youth sports, and community well-being and health.

Nominee Information						
Name	Day Phon	e Mailing Addres		ng Address		
Email Address	Cell Phone	e				
Date of Birth						
Parent(s) or legal guardian(s)						
Email Address	Day Phone		Cell Phone			
Nominated by: OFamily IRA Council OCity Council OVillage Corporation OSchool						
Other						
Information of Person Completing Form						
Name	Day Phone		Mailing Address			
Email Address	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 Addr		ess			
2)	Day Phone				Cell Phone	
	Email Address		ess	;S		
3)	Day Phone				Cell Phone	
		Email Addr	ess			

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 5, 2024, to:

Mail to: BSNC Young Providers Award P.O. Box 1008 110 Front Street, Suite 300 Nome, Alaska 99762 Fax to: (907) 443-2985 Email to: media@beringstraits.com