

## DEBORAH P. ALTMAN OUTSTANDING YOUTH VOLUNTEER AWARD QUALIFICATIONS

Do you know a high school student with an exceptional interest in voluntarism? If so, please encourage him or her to apply for the Deborah P. Altman Outstanding Youth Volunteer Award.

The award is named for Deb Altman, past president of the Junior League of Lancaster whose life exemplified a commitment to volunteering, a love of children and service to the community. The winner will receive a **\$1,500 cash award and a \$300 donation** to a charity of her/his choosing.

### Key dates:

- Monday, March 15: Complete applications must be submitted to [grants@jllancaster.org](mailto:grants@jllancaster.org)
- Friday, April 16: Winner is notified via email
- Monday, May 3: Award presentation

### Qualifications for Applying:

- Any student who resides in Lancaster County who has reached the age of 16, but is not older than 19, by January 31, 2021
- Has done his/her volunteer work in Lancaster County
- Is not the son or daughter of a Junior League member
- Has at least a "C" average this year and the previous academic year

### How Applications are Evaluated:

- Quality volunteer work (as determined by the Grants Committee)
- Documented volunteer work
- Reference from the adult associated with student's volunteer work
- Documented scholastic record
- Properly completed application packet

Application packets are available on the Junior League website ([www.jllancaster.org/community-impact/awards](http://www.jllancaster.org/community-impact/awards)) and are distributed through school guidance counselor offices. These forms may be copied. Questions may be directed to The Junior League of Lancaster: [grants@jllancaster.org](mailto:grants@jllancaster.org). The complete application packet is attached.

*The Junior League of Lancaster, PA, Inc. is an organization of women committed to promoting voluntarism, developing the potential of women, and improving the community through the effective action and leadership of trained volunteers.  
Its purpose is exclusively educational and charitable.*

**DEBORAH P. ALTMAN  
OUTSTANDING YOUTH VOLUNTEER AWARD  
APPLICATION FORM INSTRUCTIONS**

1. Complete the following application form including both essay questions, sign and **email** the full application by the **Monday, March 15, 2021** deadline to: [grants@jllancaster.org](mailto:grants@jllancaster.org)  
*\*This form should be completed electronically, saved and emailed as an attachment or printed out, scanned and saved and emailed as an attachment. All answers must be typed. Please include your last name in the subject line of ALL submissions.\**
  
2. Print and sign the Adult Reference Form and the Guidance Counselor Form and give to the appropriate persons to fill out, scan and **email** back to [grants@jllancaster.org](mailto:grants@jllancaster.org). Please remind them of the deadline of **Monday, March 15, 2021**.
  - a. The Adult Reference Form is to be completed and **emailed** to [grants@jllancaster.org](mailto:grants@jllancaster.org) by the adult directly involved in your volunteer work.
  - b. The Guidance Counselor Form is to be completed and **emailed** to [grants@jllancaster.org](mailto:grants@jllancaster.org) by your school counselor.

*\*If you are chosen for this award, you will be invited to receive your award on **Monday, May 3, 2021 at 7:00 pm.**\**



**DEBORAH P. ALTMAN  
OUTSTANDING YOUTH VOLUNTEER AWARD  
APPLICATION FORM**

Name: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Telephone: \_\_\_\_\_

Date of Birth (MM/DD/YYYY): \_\_\_\_\_

How did you find out about this Award? \_\_\_\_\_

The information in this application about my volunteer activities is accurate.

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

**VOLUNTEER ACTIVITIES**

*Name of agency, date (s) of service, service time-hours/week, adult contact*

*Organization began/ended, hours/month and phone number (use additional pages, if needed):*

Organization	Assignment	Contact/Phone	Date of Service	# of hrs/mo.



**DEBORAH P. ALTMAN  
OUTSTANDING YOUTH VOLUNTEER AWARD  
APPLICATION FORM**

Name: \_\_\_\_\_

1. Describe your most meaningful volunteer experience(s). Please limit responses to 500 words or less.



**DEBORAH P. ALTMAN  
OUTSTANDING YOUTH VOLUNTEER AWARD  
APPLICATION FORM**

Name: \_\_\_\_\_

2. Explain why you feel your volunteer work is good experience for you and a benefit for your community in 500 words or less.

**DEBORAH P. ALTMAN  
 OUTSTANDING YOUTH VOLUNTEER AWARD  
 ADULT REFERENCE FORM**

The Junior League of Lancaster wishes to recognize young people who have demonstrated an exceptional interest in volunteerism. As the adult involved directly with

\_\_\_\_\_ (student name), please complete the form with information regarding this student’s volunteer activities.

Please complete this form, scan and email by **Monday, March 15, 2021** deadline to: [grants@jllancaster.org](mailto:grants@jllancaster.org)

Adult Reference Name \_\_\_\_\_  
 Home Phone \_\_\_\_\_  
 Agency Phone \_\_\_\_\_  
 Agency/Organization or Relationship \_\_\_\_\_  
 Title \_\_\_\_\_  
 Address \_\_\_\_\_  
 Check if Home \_\_\_\_\_ Agency \_\_\_\_\_

Please indicate for each line: POOR, FAIR, GOOD or EXCELLENT

Time Commitment \_\_\_\_\_  
 Enthusiasm \_\_\_\_\_  
 Dependability \_\_\_\_\_  
 Attitude \_\_\_\_\_

Please comment on the responsibilities, time involvement and character of the student. Please limit responses to 250 words or less.

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I hereby authorize the person indicated above to release information concerning my volunteer activities.

\_\_\_\_\_  
 Signature



**DEBORAH P. ALTMAN  
OUTSTANDING YOUTH VOLUNTEER AWARD  
GUIDANCE COUNSELOR FORM**

The Junior League of Lancaster wishes to recognize young people who have demonstrated an exceptional interest in volunteerism. Please verify, by signing your name, that \_\_\_\_\_ (student name) has a “C” average and has achieved at least a “C” average the previous school year.

\_\_\_\_\_  
Guidance Counselor’s Signature

Please sign this form, scan and email by the **Monday, March 15, 2021** deadline to: [grants@jllancaster.org](mailto:grants@jllancaster.org)

Guidance Counselor’s Name \_\_\_\_\_  
School \_\_\_\_\_  
Phone \_\_\_\_\_  
Email Address \_\_\_\_\_

I hereby authorize the person indicated above to release information concerning my scholastic average.

\_\_\_\_\_  
Student’s Signature