



**Top Ladies of Distinction, Inc.
Area V**



**TOP TEENS OF AMERICA
LADY GWENDOLYN IVORY ROBINSON
NOVA AWARD**

APPLICATION FORM

Deadline for Submission: March 15, 2019

APPLICATION FOR NOVA AWARD

Fill in completely by typing or printing clearly and return to your Top Teens Advisor.

Full Name _____ **Chapter** _____

Social Security # _____ **Cell Phone (_____)** _____

Address _____

City _____ **County** _____ **State** _____ **Zip** _____

Date of Birth _____
Month Day Year Age Sex Place of Birth

Parent or Guardian _____ **Relationship** _____

Address _____

City _____ **Phone(_____)** _____ **State** _____ **Zip** _____

Middle or Junior High School Attending: _____

School Activities / Honors / Awards:

Describe your participation in any school and/or community service involvement not including TTA

List _____ **Hobbies/Talents:** _____

TOP TEENS PARTICIPATION: _____ **YEARS OF SERVICE** _____

Local Chapter: _____

Area Level: _____

National Level: _____

Describe how you will use this award.

Describe why you deserve to win this award.

RECOMMENDATION LETTERS REQUIRED:

Provide two people (not related) to write letters for you, describing your needs, community service involvement, character, etc.

1. NAME _____

Address _____

City _____ County _____ State _____ Zip _____

2. NAME _____

Address _____

City _____ County _____ State _____ Zip _____

ATTACH A RECOMMENDATION LETTER FROM YOUR SCHOOL COUNSELOR OR PRINCIPAL NOTING CHARACTER, PERSONALITY TRAITS, NEEDS, SPECIAL TALENTS, ETC.

Applicant's Signature DATE _____

Top Teens Chapter Advisor Signature DATE _____

TLOD Chapter President Signature DATE _____