THE AHADI YOUTH AWARD

DESCRIPTION – The AHADI AWARD is an annual recognition given to a young African-American person who has excelled in academics and performed inspiring service to the Greater Springfield community. Each year, the African Hall Subcommittee of the Springfield Science Museum selects the recipient from the list of eligible nominations. The AHADI AWARD will be presented to the recipient at the annual Ubora Award ceremony held at the Springfield Museums, date to be determined.

NOMINATION CRITERIA – All nominees for the annual AHADI AWARD must meet the following qualifications:

1. Nominees must be of African descent and 19 years of age or younger at the time of nomination.

2. Nominees should live in the Greater Springfield area or have significant ties to the Greater Springfield area.

3. Nominees should be enrolled in school attending grades 10, 11 or 12.

Please submit a completed Official Nomination Form (including a Nomination Statement) for each deserving youth you would like to nominate for the AHADI AWARD.

All nomination documents must be received by March 31, 2021.

If you have any questions or wish to submit an Official Nomination Form, please contact:

Valerie Cavagni  
Springfield Science Museum  
21 Edwards Street  
Springfield, MA 01103  
413-263-6800, Ext. 325  
Fax: 413-263-6884  
v cavagni@springfieldmuseums.org
THE ANNUAL AHADI YOUTH AWARD

OFFICIAL NOMINATION FORM ~ 2021

I. AWARD NOMINEE’S INFORMATION

Name of award nominee_______________________________________ Age _________

Address of award nominee____________________________________ 

__________________________________________________________

Telephone Number(s)___________________________ E-mail : __________________________

(If this nominee does not live in the Greater Springfield area, please explain her/his ties to the area in your Nomination Statement.)

Name of school that nominee currently attends______________________ Grade 10, 11 or 12 (circle)

II. NOMINATOR’S INFORMATION

Name__________________________________________________________

Mailing Address__________________________________________________

Telephone Number(s)___________________________ E-mail : __________________________

Place of Employment ____________________________________________

Position/Title____________________________________________________

III. NOMINATION STATEMENT

Fill in as many categories as possible explaining why you believe this nominee deserves to be a recipient recognized with the AHADI AWARD.

1. Please share with us how you know the nominee and for how long.

2. Please describe the nominee’s academic performance/standing.
III. NOMINATION STATEMENT  
(CONTINUED)

3. Describe the nominee’s personality and character.

4. Describe the nominee’s community service and its positive impact on the Greater Springfield area, and how that has distinguished the nominee as a leader and role model for other young people.

PLEASE ATTACH UP TO ONE ADDITIONAL TYPED PAGE WITH ANY INFORMATION YOU THINK SHOULD BE KNOWN ABOUT THE NOMINEE, INCLUDING OUTSIDE ACTIVITIES.