



Kind Kid Application

Email this application to aerazo@hssbv.org or drop it off at the HSSBV administration building

FIRST AND LAST NAME OF NOMINEE

NOMINEE'S PARENTS/LEGAL GUARDIAN NAME:

**NOMINEE'S PARENT'S/LEGAL GUARDIAN PHONE
NUMBER:**

NOMINEE'S PARENT'S/LEGAL GUARDIAN EMAIL:

NOMINEE'S ADDRESS

CITY

STATE

ZIPCODE

SCHOOL KIND KID NOMINEE ATTENDS:

AGE OF KIND KID NOMINEE:

**FIRST AND LAST NAME OF PERSON
NOMINATING THE KIND KID:**

**PHONE NUMBER OF PERSON NOMINATING
THE KIND KID :**

**EMAIL OF PERSON NOMINATING THE KIND
KID:**

HOW DO YOU KNOW THE NOMINEE AND HOW LONG HAVE YOU KNOWN THEM?

WHAT MAKES THE NOMINEE A "KIND KID" IN YOUR OPINION?

**PLEASE ADD ANY ADDITIONAL CLUBS, EXTRACURRICULAR, ACTIVITIES, GRADE POINT
AVERAGE OR ANY OTHER INFORMATION YOU FEEL WE SHOULD CONSIDER?**