

# NEW JERSEY – NEW YORK FRATERNAL ALLIANCE

## 2025 YOUTH VOLUNTEER AWARD APPLICATION

*Please print or type*

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

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Your Fraternal Benefit Society: \_\_\_\_\_

Civic (non-school) Activities\*: \_\_\_\_\_

Fraternal Benefit Society Activities\*: \_\_\_\_\_

\*Information can be submitted on a separate sheet of paper. Please type or print.

### **Rules/Regulations/Requirements**

#### **Applicant must:**

1. Be a current member for at least 1 year of a Member Society of the New Jersey-New York Fraternal Alliance.
2. Be between the age of 16 and 22 at the time of application
3. Obtain a recommendation letter from your Fraternal Benefit Society
4. Sign the *Statement of Application* below
5. Additional documentation may be submitted
6. Return the completed application and letter of recommendation, postmarked no later than **September 1, 2025** to:

Robert Galdon Jr., Chairperson  
NJNY FA Youth Volunteer Award Committee  
P.O. Box 37  
Hibernia, NJ 07842

E-mail: germaniabob@gmail.com Phone: 201-247-6750

\$500 award to the recipient

This is a one-time award

Judging will be done by the Youth Volunteer Award Committee of the NJNY FA

Recipients will be notified by mail and will be recognized at the Alliance's Annual Convention.

### **STATEMENT OF APPLICATION**

I understand that my selection for this award is based upon my answers to these questions; and further that my application is in competition with other eligible persons and that the decision of the NJNY FA is final. This application is completed with my knowledge and consent, and false information will void the award. The information that is provided in this application is true and complete.

\_\_\_\_\_  
*Signature of Applicant*