



# Kids With Character

*Kids With Character  
recognizes young  
people who exemplify  
respect, responsibility,  
trustworthiness,  
fairness, caring,  
citizenship and other  
important character traits.*

## **PURPOSE:**

Akron Children's Hospital in partnership with the Akron Beacon Journal Newspaper in Education Department will recognize a Kid With Character every week among area students. This recognition has been established to recognize outstanding young citizens for bettering their neighborhoods, schools, and communities.

## **ELIGIBILITY:**

Any child, ages 9-18, living in Summit, Portage, Wayne, Stark, and Medina Counties is eligible.

## **NOMINATIONS:**

Any adult, club, community organization, church, employer, teacher or school may submit nominations. There is no limit to the number of nominations any one person or group may make. All nominations must be submitted on the official nomination form and must have the proper signatures (two adults, one of which must be the parent or guardian). A picture of the student must also be included.

## **SELECTION:**

Each week one nomination will be chosen for recognition as a Kid With Character. Selections will be made by staff members of the Newspaper in Education Department at the Akron Beacon Journal, based on complete nomination forms and verification of information on the form. Every Tuesday, a child will be featured in the Akron Beacon Journal as a Kid With Character.



# Kids With Character

## Nomination Form

Please Print  
**Nominated By:**

This form may be duplicated

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Relationship to Nominee:

\_\_\_\_\_ Teacher      \_\_\_\_\_ Counselor      \_\_\_\_\_ Clergy  
\_\_\_\_\_ Parent      \_\_\_\_\_ Employer      \_\_\_\_\_ Principal  
\_\_\_\_\_ Friend      \_\_\_\_\_ Other (specify) \_\_\_\_\_

**About the Nominated Student: (Picture of student must be included)**

Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

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

Home Phone \_\_\_\_\_

**Character Pillar Exemplified:** (Circle or specify other)

RESPONSIBILITY      TRUSTWORTHINESS      CARING      FAIRNESS  
RESPECT      CITIZENSHIP      OTHER \_\_\_\_\_

**Explain the specific act or actions that prompted you to nominate this student.**

(Use separate paper as needed)

\*Parent/Guardian signature \_\_\_\_\_ Phone \_\_\_\_\_

\*Parent: by signing, you are giving the Akron Beacon Journal permission to publish your child's name and/or picture.

Second Adult Signature \_\_\_\_\_ Phone \_\_\_\_\_

Date this form was completed \_\_\_\_\_

Questions? Please call (330) 996-3165

Please return completed form to:  
**The Akron Beacon Journal/NIE, PO. Box 640, Akron, OH 44309-0640**

**Akron Children's Hospital in Partnership with  
the Akron Beacon Journal Newspaper in Education**