



YOUNG PROVIDER AWARD NOMINATION FORM

Instructions: To nominate an individual from your community as a possible recipient of the BSNC Young Provider Award, please complete the form below. BSNC will accept nominations from family members, teachers, tribal and corporation board members, and other community members. Nominees should be 29 years of age or younger, who care for their families and communities. Please consider individuals who are involved in activities that benefit the community, such as suicide prevention programs, youth sports, and community well-being and health.

Nominee Information		
Name	Day Phone	Mailing Address
Email Address	Cell Phone	
Date of Birth		
Parent(s) or legal guardian(s)		
Email Address	Day Phone	Cell Phone
Nominated by: <input type="radio"/> Family <input type="radio"/> IRA Council <input type="radio"/> City Council <input type="radio"/> Village Corporation <input type="radio"/> School <input type="radio"/> Other _____		
Information of Person Completing Form		
Name	Day Phone	Mailing Address
Email Address	Cell Phone	
Please provide the names of three people in your community that could recommend the Nominee for the BSNC Young Provider Award		
1)	Day Phone	Cell Phone
	Email Address	
2)	Day Phone	Cell Phone
	Email Address	
3)	Day Phone	Cell Phone
	Email Address	

1) Describe how the nominee fulfills one or more of the following. Use additional paper if necessary.

A) How does the nominee care for others through subsistence activities, Elder care, or mentoring of youth in traditional activities and values or education? Please provide examples if possible.

B) How is the nominee involved in activities that benefit the community such as suicide prevention programs, youth sports, or community well-being and health? Please provide examples if possible.

C) Is there anything else you'd like to share about the nominee? Please provide information on special talents, skills or past experiences not previously listed.

2) Please include a quality photo of the nominee with the completed application.

3) Including 1-2 letters of recommendation is strongly encouraged.

Please submit completed form and photo of nominee by **July 11, 2025**, to:

Mail to:

Bering Straits Native Corporation
Young Provider Award
P.O. Box 1008
110 Front Street, Suite 300
Nome, Alaska 99762

Fax to: (907) 443-2985

Email to: comms@beringstraits.com

If you have any questions, please contact BSNC by calling (907) 443-5252.