



Youth Activities Program



Venee Alicea

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Name: _____

Phone: _____

Address: _____

Email: _____

District: _____

Date of Report: _____

Auxiliary: _____

ILLUSTRATING AMERICA CONTEST

Has your Auxiliary promoted the *Illustrating America Contest*? Yes ___ No ___

How many entries did your Auxiliary receive? _____ Number to Department for judging? _____

Did your Auxiliary host an awards event to recognize participants in this contest? Yes ___ No ___

Amount of awards and/or monetary prizes given: _____

YOUTH ACTIVITIES

How many **youth/youth groups** has your Auxiliary worked with? ____/____

In what ways? _____

Has your Auxiliary participated in *Patriotism through Literacy*? Yes ___ No ___

In what ways? _____

Did your Auxiliary donate any books for **Patriotism through Literacy**? Yes ___ No ___ Quantity _____

Has your Auxiliary presented any of the following?

Patriotic Youth Awards? Yes ___ No ___ **Acts of Kindness Certificates**? Yes ___ No ___

Youth Groups Supporting our Veterans Citations? Yes ___ No ___ **R.A.P. Cards**? Yes ___ No ___

Is your Auxiliary using/promoting the *Youth Activities QR Code*? Yes ___ No ___

Comments: _____
