



THE NATIONAL TORCH OF CARE AWARDS™

HONORING TODAY'S TEEN CAREGIVERS

RECOGNIZE | SUPPORT | EMPOWER | CELEBRATE



**Military Child World
Expo Foundation**

NOMINATE / RECOGNIZE A TEEN CAREGIVER - 2027

Care Is Service. Service Deserves Recognition.

Every day, young people provide meaningful care for parents, siblings, grandparents, and other family members, often without ever calling themselves a “caregiver.”

They may help manage medications or appointments, prepare meals, supervise siblings, assist with mobility, provide transportation or translation, offer emotional support, or take on responsibilities that help keep their family functioning.

If you know a teen who carries care, responsibility, and service for their family, we want to recognize them.

This form may also be completed by a teen caregiver nominating themselves.

1. WHO ARE YOU RECOGNIZING?

Teen Caregiver's First Name*

Teen Caregiver's Last Name*

Preferred Name

Age*

☐ 13

☐ 14

☐ 15

☐ 16

☐ 17

☐ 18

☐ Other: _____

Current Grade*

- ☐ 8th
- ☐ 9th
- ☐ 10th
- ☐ 11th
- ☐ 12th
- ☐ College/Other

City* _____

State/Territory* _____

Country* _____

Is the teen military-connected?

- ☐ Yes
- ☐ No
- ☐ Unsure

If yes:

Military Connection

- ☐ Active Duty
- ☐ National Guard
- ☐ Reserve
- ☐ Veteran Family
- ☐ Retired Military Family
- ☐ Survivor/Gold Star Family
- ☐ Other: _____

Branch, if applicable

- ☐ Army
- ☐ Marine Corps
- ☐ Navy
- ☐ Air Force
- ☐ Space Force
- ☐ Coast Guard
- ☐ Other/International Military

2. WHO IS MAKING THE NOMINATION?

I am:

- ☐ The Teen Caregiver — **I am nominating myself**
- ☐ Parent/Guardian
- ☐ Family Member
- ☐ Teacher

- ☐ School Counselor/Administrator
- ☐ Healthcare Professional
- ☐ Case Manager/Social Worker
- ☐ Military Family Support Professional
- ☐ Youth Organization/Community Leader
- ☐ Coach/Mentor
- ☐ Friend/Peer
- ☐ Other: _____

Nominator's Name*

Organization/School, if applicable

Relationship to Teen*

Email Address* | Telephone Number

3. TELL US ABOUT THEIR CARE

What does this young person do for their family?

Select all that apply.

- ☐ Cares for a parent or guardian
- ☐ Cares for a sibling
- ☐ Cares for a grandparent or older relative
- ☐ Cares for another family/household member
- ☐ Supervises younger siblings
- ☐ Prepares meals
- ☐ Assists with household responsibilities
- ☐ Helps manage medications
- ☐ Helps coordinate medical appointments
- ☐ Provides transportation assistance
- ☐ Assists with mobility or daily activities
- ☐ Provides translation or interpretation
- ☐ Provides emotional support
- ☐ Helps during deployments or family separations
- ☐ Helps a family member with an illness or injury
- ☐ Helps a wounded, ill, or injured service member/veteran
- ☐ Helps a family member with a disability or accessibility need
- ☐ Manages significant family responsibilities
- ☐ Other: _____

4. TELL US THEIR STORY

In your own words, tell us about this teen and the care they provide. *

Consider telling us:

What responsibilities do they carry? Who do they help? How often do they provide care? How has their caregiving helped their family? What makes their contribution meaningful?

250–500 words recommended.

What would you want this teen to know about the difference they make?

5. THEIR CAREGIVING COMMITMENT

Approximately how often does the teen provide care?

- ☐ Every day
- ☐ Several days each week
- ☐ Weekly
- ☐ Several times each month
- ☐ As needed
- ☐ During deployments/separations
- ☐ During periods of illness, injury, or recovery
- ☐ Other: _____

Approximately how many hours of care do they provide in a typical week?

- ☐ Less than 5 hours
- ☐ 5–10 hours
- ☐ 11–20 hours
- ☐ 21–30 hours
- ☐ More than 30 hours
- ☐ Hours vary significantly
- ☐ Unsure

Approximately how long have they been providing care?

- ☐ Less than 6 months
- ☐ 6–12 months
- ☐ 1–2 years
- ☐ 3–4 years
- ☐ 5+ years
- ☐ Unsure

6. RECOGNITION

How would you like this teen considered?

☐ **Recognize My Teen Caregiver**

I would like this young person to be recognized as a Teen Caregiver.

☐ **TCCSH™ — Teen Caregiver Community Service Hours**

I would like information about documenting and verifying eligible caregiving service hours.

☐ **Torch of Care Medallion™ Consideration**

I would like this teen's caregiving story considered for additional recognition.

☐ **Teen Caregivers Brunch**

I would like information about participation or recognition at the Teen Caregivers Brunch.

☐ All applicable recognition opportunities

7. SERVICE-HOUR VERIFICATION

Optional at the nomination stage

If requesting TCCSH™ consideration, is there an adult or professional who can verify the teen's caregiving responsibilities?

- ☐ Yes
- ☐ Not yet
- ☐ Unsure
- ☐ I am the appropriate verifier

Verifier Name

Role/Relationship

Organization, if applicable

Email

| Telephone Number

Important: A nomination does not itself certify TCCSH™ service hours. Verification may be requested separately before an official service-hour record is issued.

8. HELP US RECOGNIZE THEM PROPERLY

May MCWEF contact the teen and/or their parent/guardian regarding this nomination?

☐ Yes

☐ No

May we contact the nominator for additional information?

☐ Yes

☐ No

May the teen's story be considered for public recognition?

☐ Yes

☐ No

☐ Please contact us first

For nominees under 18, appropriate **parent/guardian permission would be obtained before public use of the teen's name, photograph, story, or identifying information.**

9. SOMETHING WE SHOULD KNOW

Is there anything else you would like us to know about this teen, their family, or the circumstances surrounding their caregiving?

Please do not provide private medical records, diagnoses, Social Security numbers, military identification numbers, or other sensitive information.

RECOGNITION STATEMENT

By submitting this form, I affirm that the information provided is accurate to the best of my knowledge and that this nomination is being submitted for the purpose of recognizing a young person's caregiving contribution.

☐ I affirm the statement above. *

Name: _____

Date: _____

Event Recognition Details

Army Navy Country Club
1700 Army Navy Dr.
Arlington, Virginia 22202

Date: April 17, 2027

Time: 11 am – 4 pm

NOMINATION GUIDELINES

The National Torch of Care Awards™

We believe every act of care deserves recognition.

- **Who qualifies:** Teens ages 13–18 who provide meaningful care or support to a family member or loved one.
- **Who may nominate:** Parents, relatives, teachers, counselors, community organizations, friends, or the teens themselves.
- **Who is welcome:** Military-connected and civilian teens, including youth in foster or kinship care.
- **What matters:** Compassion, commitment, responsibility, and the difference their caregiving makes, not the number of hours served.
- **What to submit:** Basic information and a brief description of the teens' caregiving contributions.

No nomination fee. No formal caregiving certification required.

Nominations are reviewed for recognition. Parent/guardian or other appropriate authorization will be obtained before public recognition of a minor.

Recognizing Care. Validating Service. Building Futures.