



**Nominator Information**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

**Nominee Information** (if deceased, please list closest relative, if known)

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

**Category of Nomination** (please see attached guidelines for category description)

- Professional  Volunteer
- Friend of Family & Consumer Sciences

Please provide a statement about the nominee (limit five pages in addition to this information form). The following points should be used as a guide for submitting information about the person being nominated:

- Work or volunteer history including years of service to the FCS program
- Major career or volunteer accomplishments which improved the well-being of families
- Awards, honors, recognitions and/or citations received

For Friend of Extension nomination category please provide impact to Family and Consumer Sciences through promotion, support, public policy, or funding.