|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| UA Div-R&E black-left | | | | | | | Extension Professional of the Year Nomination Form | | | | | | FY4-H-136  12/15/16 | | |
|  | | | | | | | | | Year of Nomination: | | | | |  | |
| PART I | | | | | | | | | | | | | | | |
| 1. | | I (we) wish to nominate | | | |  | | | | | of | | | | |
|  | | |  | | | | |  | | | | | | | |
|  | | |  | | | | | County or Department as | | | | | | | |
|  | | |  | | | | | | | | | | | | |
|  | | | County Extension Agent or  County Program Assistant or  State Office Specialist of the year. | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| Nominated by: | | | |  | | | | | | | |  | | | |
|  | | | | | | | | | | | | | | | |
|  | | Send to: | | | Hope Bragg | | | | |  | | | | |  |
|  | |  | | | hbragg@uada.edu | | | | |  | | | | |  |
|  | |  | | |  | | | | |  | | | | |  |
| ***Form due Last Monday of June*** | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| PART II | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| 1. | Explain why your nominee deserves the Extension Professional of the Year Award (limited to one page). | | | | | | | | | | | | | | |
|  | (Up to 40 points-5 points per legitimate example) | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | |

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| --- | --- | --- | --- | --- | --- | --- |
| PART III | | | | | | |
|  | | | | | | |
| **PLEASE AVOID REPETITION AS MUCH AS POSSIBLE.** | | | | | | |
|  | | | | | | |
| 1. | Number of years in Extension work | |  | | (1-10 points) | |
|  |  | | | | | |
|  | Job Responsibilities/Assignments | (Up to 10 points – 2 points per legitimate example) | | | | |
|  |  | | | | | |
| 2. | Outstanding achievements in 4-H work: | | | (Up to 20 points – 4 points per achievement listed) | | |
|  |  | | | | | |
| 3. | List trips and awards received by nominee for his/her work in 4-H: | | | | | (Up to 20 points – 4 points per item listed) |
|  |  | | | | | |