

Georgia Association of Family and Consumer Sciences Professional Award Application

1. Number of Awards

The number of awards made in any one year may not exceed 1% of the professional membership on February 1.

2. Eligibility and Judging Criteria

- a. Nominations may be made by members to recognize any GAFCS member(s) regardless of section affiliation.
- b. Each nominee must have been a member of the Georgia affiliate of AAFCS for a minimum of two years.
- c. Individuals may be nominated more than one year, but can receive this award only one time.

3. Judging

Applications will be judged by a committee of three AAFCS members, external to GAFCS. This committee will be appointed by the Vice President for Awards and Recognition. Nominees' names and photos will be removed from the application before judging.

Judging criteria include:

- | | |
|---|-----|
| a. Number of Years Membership in Relation to the Number of Year | 20% |
| b. State Involvement with GAFCS | 30% |
| c. National Involvement with AAFCS | 20% |
| d. Service and Other Professional Organizations | 20% |
| e. Community Activities | 10% |

4. Timetable

- a. **November 15th**- Nominations must be postmarked and mailed to the Vice President for Awards and Recognition.
- b. **December 1st** – The Vice President of Awards and Recognition ask nominees to complete an award application form.
- c. **January 5th** – Four copies of the completed award application form must be postmarked and mailed to the Vice President of Awards and Recognition.
- d. **January 6th** – The Vice President for Awards and Recognition submits applications to external judging committee for selection of GAFCS outstanding Family and Consumer Sciences Professional.
- e. **At Annual Meeting** – Award announcements and presentations made.

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**Georgia Association of Family and Consumer Sciences
Professional Award Application**

Application Procedure: Your application must be completed on this form. Please include any attachments or supporting materials with the application. Mail application and supporting materials to GAFCS Vice President for Awards and Recognition by the deadline. Please attach a black and white glossy photograph of yourself.

Name _____

Home Address _____

Home Phone _____ Work Phone _____

Business Address _____

Present Position _____ Title _____

Cell Phone _____ Email Address _____

1. Professional Background

A. Education

Colleges Attended	Years Attended	Major	Degree/Yr
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

B. Employment

Name of Employer	Dates	Nature of Work
_____	_____	_____
_____	_____	_____
_____	_____	_____