

Nomination Form

District _____ makes the following nominations:

GAFCS Outstanding Family and Consumer Sciences Professional:

Name _____

Address _____

City/Zip _____

Daytime phone: _____

AAFCS New Achiever Award Nominee:

Name _____

Address _____

City/Zip _____

Daytime phone: _____

AAFCS Leader Award Nominee

Name _____

Address _____

City/Zip _____

Daytime phone: _____

Wiley-Berger Award for Volunteer Service Nominee:

Name _____

Address _____

City/Zip _____

Daytime phone: _____

Return completed form to GAFCS President-elect by November 15