

Awards Application Process

_____ Affiliate

(10 Questions)

Welcome to the Affiliate Awards Portal. Please review the awards Manual for the guidelines and requirements.

Member Name

Q1 Please select the award you are applying for?

- ☐ Community Partnership Award
- ☐ Continued Excellence Award
- ☐ Distinguished Service Award
- ☐ Early Childhood Child Care Training Award
- ☐ Educational Curriculum Package Award
- ☐ Environmental Education Award
- ☐ Excellence in Multi-State Collaboration Award
- ☐ Extension Disaster Education Award
- ☐ Extension Educator of the Year
- ☐ Extension Housing Outreach Award
- ☐ Family Health & Wellness Award
- ☐ Financial Management Award
- ☐ Florence Hall Award
- ☐ Food Safety Award
- ☐ Greenwood Frysinger Award
- ☐ Human Development/Family Relationship Award
- ☐ Innovation in Programming Award
- ☐ Innovative Youth Development Program Award
- ☐ Marketing Package Award
- ☐ Mary W. Wells Memorial Award
- ☐ Past Presidents' New Professional Award

- ☐ Program Excellence through Research Award
 - ☐ School Wellness Award
 - ☐ SNAP-Ed/EFNEP Educational Program Award
 - ☐ Social Media Education Award
 - ☐ Communications Educational Publications Award
 - ☐ Communications Internet Education Technology Award
 - ☐ Communications Newsletter Award
 - ☐ Communications Radio or Podcast Program Award
 - ☐ Communications Television/Video Program Award
 - ☐ Communications Written Media Award
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Q2 Is this award for an Individual or a Team?

- ☐ Individual Entry
 - ☐ Team Entry
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Q3 Title of your Award Submission

Q4 30 Word Summary

Q5 Upload a PDF written Award Application, following the guidelines that are for the award as written in the awards manual. Remember that this is limited to 5 double-spaced typed pages (12pt font, 1-inch margins), not including any reference pages.

Q6 Upload a PDF file of all supplemental materials including letters of support if required.

Q7 Upload any other information that is related to this award if needed.

Q8 Upload a .jpeg or .png photo file of the individual or team.

Q9 If this is a team award, please list the members of the team. If a multi-state team award, please include the state. If there are more than 10 team members, please include a complete list as part of Other Information.

☐ Click to write Choice 1 _____

☐ Click to write Choice 2 _____

☐ Click to write Choice 3 _____

☐ Click to write Form Field 4

☐ Click to write Form Field 5

☐ Click to write Form Field 6

☐ Click to write Form Field 7

☐ Click to write Form Field 8

☐ Click to write Form Field 9

☐ Click to write Form Field 10

Q10 Please sign that you understand the guidelines and requirements as related to this award category, and that you or your team meet these qualifications.