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| **Outstanding Family and Consumer Sciences Professional in Human Services Award**  **Nomination Form** |

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| Name of Nominee: | | |  | | | | | | | | | | | | | |
| Home Address: | |  | | | | | | | | | | | | | | |
|  | City: |  | | | |  | State: | |  | | |  | Zip Code: | |  | |
| Home Phone Number: | | | |  | | | | Office Phone Number: | | | | | |  | | |
| AAFCS Membership Number: | | | | |  | | | | |  | Number of Years: | | | | |  |

Educational Background:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Degree |  | Institution |  | Date Degree Received (mm/yy) |  | Major |
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Work Experience (current position first):

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| --- | --- | --- | --- | --- | --- | --- |
| Position |  | Employer |  | Dates |  | Duties |
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| Name of Firm / Business: | | | | | |  | | |
| Position / Title: | | | |  | | | | |
| Title of Nominee’s Program: | | | | | | |  | |
| Program Focus Area (check one): | | | | | | | |  |
| Career Development / Job Skill Training | | | | | | | | |
| Professional Development | | | | | | | | |
| Management and Supervision | | | | | | | | |
| Consumer Issues | | | | | | | | |
| Other | |  | | | | | | |
| Nomination Offered By: | | | | |  | | | |
| Position: |  | | | | | | | |
| Organization: | | |  | | | | | |

Both the person making the nomination and the nominee must sign the nomination form.

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|  |  |  |
| Nominator |  | Nominee |