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| **SCAFCS Outstanding Student Member Section 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: | | | | |  |
| College Involvement (Officer, Committees, Projects, etc.): | | | | | | | | | | | | | | | | | | |
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| SCAFCS Involvement (Officer, Committees, Projects, Attendance / Participation at Annual Meetings): | | | | | | | | | | | | | | | | | | |
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| National Involvement (National Committees, Attendance / Participation at Annual Meetings): | | | | | | | | | | | | | | | | | | |
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| Other Professional Organizations (Membership, Officer, Committees, etc.): | | | | | | | | | | | | | | | | | | |
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| Community and Church Activities: | | | | | | | | | | | | | | | | | | |
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| College Honors and Awards: | | | | | | | | | | | | | | | | | | |
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| Name of Your Local Newspaper: | | | | | |  | | | | | | | | | | | | |
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| How do you believe this opportunity might benefit you personally or professionally? | | | | | | | | | | | | | | | | | | |
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| How would you share this experience with others? | | | | | | | | | | | | | | | | | | |
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**NOTE:** You may attach additional pages.