AAFCS
AMERICAN ASSOCIATION OF FAMILY & CONSUMER SCIENCES
SOUTH CAROLINA AFFILIATE

Friend of the Family Award
Nomination Form

Name of Nominee:_____

Home Address:_____
Street/P.O. Box City State Zip Code

Home/Cell Phone Number:_____ **Office Phone Number:**_____

AAFCS Membership Number:_____ **Number of Years:**_____

Educational Background:

Degree	Institution	Date Degree Received (mm/yy)	Major

Work Experience (Current Position First):

Position	Employer	Dates	Duties

Name of Business/Firm:_____

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:_____

Nominator Contact Information

Nomination Offered By:_____

Position:_____

Organization:_____

Contact Phone Number:_____

E-Mail Address:_____