Outstanding Family and Consumer Sciences Professional In Colleges/Universities 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 College/University:_____

Position/Title:_____

Title of Nominee's Program:_____

Program Focus Area (Check One):

- ☐ Creative Dimensions/Alternative Program Designs
- ☐ Family Life Education
- ☐ Teacher Education
- ☐ Adult/Continuing Education
- ☐ Other:_____
- ☐ Career Development/Job Skill Training
- ☐ Needs of Special Audiences
- ☐ Research
- ☐ Consumer Issues

Nominator Contact Information

Name of Nominator:_____

Contact Phone Number:_____

E-Mail Address:_____