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

**NOTE:** You may attach additional pages.