**EFNEP AWARDS NOMINATION FORM**

NOMINEE NAME(S):

COUNTY:

|  |
| --- |
| **Check the one (1) award category for which the nominee is to be considered:** |
| **[ ]  Over the Mark Award**  |
| **[ ]  New Extension EFNEP Program Assistant Award** **Performance Rating for previous year     Hire Date:**// |
| **[ ]  Team Award** |
| **[ ]  Golden Star Award** |
| **[ ]  EFNEP Media Outreach Award** |
| **[ ]  Outstanding Performance Award**  **Performance Rating for Previous Year     Hire Date:**// |
| **[ ]  Circle of Excellence Award – Level 1**  **Performance Rating for previous year     Hire Date:**// **Year received Outstanding Performance** (yyyy)**[ ]  Circle of Excellence Gold Award – Level 2**  **Performance Rating for previous year     Hire Date:**// **Year received Circle of Excellence** (yyyy)**[ ]  Circle of Excellence Diamond Award – Level 3**  **Performance Rating for previous year     Hire Date:**// **Year received Circle of Excellence Gold** (yyyy)**[ ]  Circle of Excellence Platinum Award – Level 4**  **Performance Rating for previous year     Hire Date:**// **Year received Circle of Excellence Diamond** (yyyy)**(continued)** |
| **[ ]  EFNEP Endowment Program Support Award** **Performance Rating for previous year     Hire Date:**// |
| **[ ]  Lorelei Aldridge Jones Educator Support Award** **Performance Rating for previous year     Hire Date:**// |
| **[ ]  Susan McCaskill Morgan Professional Development Award** **Performance Rating for previous year     Hire Date:**// |
| **[ ]  Ngaire van Eck Professional Development Award** **Performance Rating for previous year     Hire Date:**// |
| **[ ]  MINNIE MILLER BROWN Award**  **Performance Rating for previous year** **[ ]  Previous recipient of Circle of Excellence,** nominated for **Minnie Miller Brown** award. Year received **Circle of Excellence** (yyyy) |

**Submit 1 pdf that includes entire award packet (Cover page, Summary, Narrative, and Supporting Documents)** to Grenita Jordan, EFNEP University Program Associate via email at grenita\_jordan@ncsu.edu by **August 15**. Incomplete packets will not be considered for award. A confirmation of receipt only will be sent via email to the EFNEP Regional Nutrition Extension Associate.

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Nominator’s Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_/\_\_\_\_/\_\_\_\_\_

EFNEP Regional Nutrition Extension Associate’s Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_/\_\_\_\_/\_\_\_\_\_

County Extension Director’s Signature Date