**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](mailto: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.

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

Nominator’s Signature Date

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

EFNEP Regional Nutrition Extension Associate’s Signature Date

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

County Extension Director’s Signature Date