

HEART OF EXTENSION NOMINATION



County _____ (One nomination per county)

Nominee's Name: _____

Address: _____

City, State, Zip Code: _____

Telephone Number _____ Cell _____

E-mail: _____

On separate piece of paper:

1. Briefly describe reasons for recommendation for the Heart of Extension Award.
2. State offices held within the Extension Association at club, county, and state levels.
3. Also include all projects and results obtained, other contributions made by the member within our organization and throughout their communities.
4. Include the attributes of this nominee that you feel make the member the "Heart of Extension."

Attach additional sheets as needed.

Name of person submitting: _____

Office/Title: _____

Address: _____

City, State, Zip Code: _____

Telephone Number _____ Cell _____

E-mail: _____

Application and four copies must be sent to Heart of Extension Chair. Attach an application page to all copies. Last name should appear on the top of each page of application. Due Date: JUNE 30 each year.

Return to: Dee Welling
1017 Goad St.
Socorro, NM 87801
575- 418-1571