

**COUNTY “Behind the Scenes”**

**Award Nomination**

This award is presented to one OSU Master Gardener™ from each County by the Oregon Master Gardener™ Association (OMGA) working cooperatively with Oregon State University. This annual award recognizes an OSU Master Gardener™ who works quietly and unselfishly behind the scenes to further the OSU Master Gardener Program on a county level. This is not a person who is out in front working on projects, so that everyone knows their contributions. Rather, it is a person whom few may actually know the level of their contributions .

Complete the form below, and **attach a photo** of the Master Gardener with the nomination form. The awards committee must receive the completed application by **May 15, each year.**

**Nominee information for COUNTY Behind the Scenes Award**:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Remember: **please include a photo** of your Behind the Scenes Nominee, together with this form.

1. Number of years as an OSU Master Gardener \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. In 200 words or less, please describe the nominee’s contribution(s) to the OSU Master Gardener™ Program. Please give specific examples of dedication, enthusiasm, inspiration, service, etc. (Attach additional sheet as necessary.):

Nominator’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Comments from Extension Agent or MG Program Staff for County Behind the Scenes Nominee** (Answer in narrative, attach additional sheet as necessary.):

Signature of MG Program Staff \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

**Return complete application to:**

Gail Langellotto

OMGA Awards Committee Chair

4017 ALS Building

Oregon State University

Corvallis, OR 97331-7304

Gail.langellotto@oregonstate.edu