

## 2012 NAE4-HA Member Recognition Application

**All entries must be typed.**

1. Complete this form for each award that you are submitting for judging.  
All requirements must be met to be eligible for the award that you are applying.
2. NAE4-HA members must be in good standing to be eligible for recognition.

Check one:  Individual       Team Entry      Total number of team members \_\_\_\_\_  All team member names, titles, addresses, and phonetic spelling of names must be included on the supplemental page to this application to receive recognition.)

Award Nominee \_\_\_\_\_ Phonetic Spelling \_\_\_\_\_  
(Exactly as you wish to have it on the award.)      (Please use to help ensure proper pronunciation.)

Name of Person Submitting Application \_\_\_\_\_  
(Note: All correspondence will be with the award nominee! We are not able to keep awards a surprise!)

Award Nominee Mailing Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ E-mail \_\_\_\_\_

Telephone: Office \_\_\_\_\_ Cell \_\_\_\_\_ Fax \_\_\_\_\_

Years in Extension \_\_\_\_\_ Years as an NAE4-HA Member \_\_\_\_\_

Check NAE4-HA Region:       North Central     Northeast     Southern     Western

**Check Member Recognition program/category entered. Be sure to attach required materials!**

<u>Communicator Awards</u> (Abstract Required)	<u>Specialty Awards</u>	<u>Specialty Awards (con't.)</u>
Educational Package <input type="checkbox"/> Individual <input type="checkbox"/> Team Educational Piece <input type="checkbox"/> Individual <input type="checkbox"/> Team <input type="checkbox"/> Exhibit <input type="checkbox"/> Feature Story <input type="checkbox"/> Media Presentation <input type="checkbox"/> News Story Periodical Publication <input type="checkbox"/> Individual <input type="checkbox"/> Team <input type="checkbox"/> Personal Column Promotional Package <input type="checkbox"/> Individual <input type="checkbox"/> Team Promotional Piece <input type="checkbox"/> Individual <input type="checkbox"/> Team <input type="checkbox"/> Published Photo <input type="checkbox"/> Radio Program <input type="checkbox"/> Video Program	<input type="checkbox"/> Air Force Recruiting Salute <input type="checkbox"/> 4-H/Army Youth Dev. Project Salute <input type="checkbox"/> 4-H/Air Force Aim High <input type="checkbox"/> 4-H/Navy "Pledge" Award <input type="checkbox"/> Beyond Youth Leadership Award <input type="checkbox"/> Diversity Educational Technology <input type="checkbox"/> Individual <input type="checkbox"/> Team Excellence in 4-H Club Support <input type="checkbox"/> Individual <input type="checkbox"/> Team <input type="checkbox"/> Excellence in Teamwork Excellence in Camping <input type="checkbox"/> Individual <input type="checkbox"/> Team Excellence in Natural Res./Env. Ed. <input type="checkbox"/> Individual <input type="checkbox"/> Team <input type="checkbox"/> Power of Youth <input type="checkbox"/> World Citizenship in 4-H YD Search for Exc. In Teen Programming <input type="checkbox"/> Individual <input type="checkbox"/> Team <input type="checkbox"/> Excellence in Global Citizenship Excellence in 4-H Volunteerism <input type="checkbox"/> Individual <input type="checkbox"/> Team <input type="checkbox"/> Excellence in Geospatial Programs Awards	<input type="checkbox"/> Interactive 4-H Educational Web Site <input type="checkbox"/> Denise Miller 4-H Innovator <input type="checkbox"/> Exc. in Urban 4-H Programming <input type="checkbox"/> Exc. in Animal Science Programming  <p style="text-align: center;"><b><u>Professional Development Awards</u></b></p> <input type="checkbox"/> First Time Conference Attendee <input type="checkbox"/> Stiles Memorial Scholarship <input type="checkbox"/> Susan Barkman Research & Evaluation  <p style="text-align: center;"><b><u>Service Awards</u></b></p> <p><b>Service Awards Applications are now online. Go to <a href="http://www.nae4ha.com">www.nae4ha.com</a> to complete the online applications.</b></p>

**My signature verifies that I am a paid member of my state association for the current and past year. If I am not eligible for membership in my state association, I verify that I am a paid member of NAE4-HA for the current and past year. I also understand that if my entry advances beyond my state it becomes property of NAE4-HA. Regional and national applications will not be returned.**

\_\_\_\_\_  
Signature of NAE4-HA Member Submitting Award

\_\_\_\_\_  
Date

\_\_\_\_\_  
State Member Recognition Contact or State President (Electronic Signature Accepted)

\_\_\_\_\_  
Date

Mailing Address (for state contact listed above) \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

\_\_\_\_\_  
NAE4-HA Regional Member Recognition Contact Signature

\_\_\_\_\_  
Date

### For Team Awards

(Please complete information for each additional team member. Use additional pages if necessary)

Name you wish to have on certificate or plaque \_\_\_\_\_

Phonetic spelling of name \_\_\_\_\_

Title \_\_\_\_\_ Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone: Office \_\_\_\_\_ Home \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_ Years in Extension \_\_\_\_\_

Current NAE4-HA Member  Yes  No

\_\_\_\_\_  
Name you wish to have on certificate or plaque \_\_\_\_\_

Phonetic spelling of name \_\_\_\_\_

Title \_\_\_\_\_ Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone: Office \_\_\_\_\_ Home \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_ Years in Extension \_\_\_\_\_

Current NAE4-HA Member  Yes  No

\_\_\_\_\_  
Name you wish to have on certificate or plaque \_\_\_\_\_

Phonetic spelling of name \_\_\_\_\_

Title \_\_\_\_\_ Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone: Office \_\_\_\_\_ Home \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_ Years in Extension \_\_\_\_\_

Current NAE4-HA Member  Yes  No

