

**GAE4-HA Continuing Excellence Award**  
(10 years experience and 5 consecutive years GAE4-HA membership required)  
*Do not exceed two page application*

Name of Candidate \_\_\_\_\_

County \_\_\_\_\_ District \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Position \_\_\_\_\_

Number of Years Employed By Extension \_\_\_\_\_

Number of Years as a 4-H Faculty/Staff \_\_\_\_\_

Please describe your innovative 4-H programming. (**Innovative 4-H Programming: 50%**)

Please list/describe professional improvement and development activities.  
**(Professional Improvement/Development Activities: 25%)**

Please describe activities as a member of GAE4-HA. **(GAE4-HA Activities: 25%)**