

## **GAE4-HA Outstanding Support by Retiree**

Nominee must currently be a Life Member of Georgia Association of Extension 4-H Agents.

*Do not exceed one page application*

**Purpose of award: The purpose of this award is to give recognition to those GAE4-HA Life Members who have made outstanding contributions to this association after retirement. This award will be given annually at the State Meeting and will be designated as a one-time award.**

Name of Nominee \_\_\_\_\_

Nominee's number of years as GAE4-HA member \_\_\_\_\_

Number years as Life Member \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Please list GAE4-HA and/or NAE4-HA activities and involvement as a Life Member.  
**(Association Activities and Involvement: 50%)**

Please list 4-H/Extension activities and awards since retirement.  
**(4-H/Extension Activities and Awards: 50%)**