

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_____

Email_____

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%)**