

## 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%)**