

GAE4-HA Outstanding Support Staff

Do not exceed one page application

Name of Nominee _____

Name of Person Submitting Award _____

Email _____

County _____ District _____

Address _____

Phone _____

Number of Years with Extension _____

Please list day to day 4-H responsibilities (finances, enrollment, etc.).

(Day to Day Responsibilities: 40%)

Please explain how the support staff is worthy of this award by going above and beyond the normal 4-H responsibilities. **(Work above and beyond normal job duties: 60%)**