

GAE4-HYDP Continuing Excellence Award
(10 years' experience and 5 consecutive years of GAE4-HYDP membership required)

Do not exceed two-page application

Name: _____ Title: _____

Email Address: _____ District: _____

County: _____ Phone Number: _____

Address: _____

Number of years employed by Extension: _____ Number of years as a 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-HYDP. **(GAE4-HYDP Activities: 25%)**