

GAE4-HYDP Outstanding Support Staff

Do not exceed one-page application

Purpose of Award: *The purpose of this award is to give recognition to any Extension Support staff who has shown outstanding contributions to 4-H programming. This award is usually reserved for administrative assistants.*

Name of Nominee: _____

Name of Person(s) Submitting Award: _____

Email Address of Person Submitting Award: _____

County: _____ District: _____

Nominee's 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 job responsibilities to support the 4-H program. **(Work above and beyond normal job duties: 60%)**