



4-H Program Assistant of the Year
Nomination Form

FY4-H-137
12-8-2011

PART I

1. I (we) wish to nominate _____, 4-H Program Assistant,
_____ County, as 4-H Program Assistant of the Year

Signature(s)¹

Four horizontal lines for signature input.

MAIL TO: FY4-H
2301 South University Avenue
Little Rock, AR 72204

DUE DATE: April 1

¹ They require only one signature. However, if there is more than one nominator, all may sign.

PART III

TO BE COMPLETED BY NOMINEE

DO NOT REFER TO YOUR NAME OR GIVE YOUR COUNTY NAME ON THIS FORM, PLEASE AVOID REPETITION AS MUCH AS POSSIBLE. USE ADDITIONAL PAPER IF NECESSARY.

1. Number of years in Extension work _____

Responsibilities _____

2. Outstanding achievements in 4-H work: _____

3. List trips and awards received by nominee for his/her work in 4-H: _____

4. List outstanding accomplishments that show program assistant's commitment to the 4-H program _____

