GARY BURKE MEMORIAL AWARD
For recognition of an Extension Program Associate or Program Technician who has demonstrated commitment, character, accomplishment and professionalism during the previous program year (October 1-September 30).

1. Nominee’s name: ________________________________________________________________
   Title: _________________________________________________________________________
   County/Department: _____________________________________________________________
   Telephone number: __________________________________________________________________

2. Describe the outstanding service rendered or job related accomplishments of the nominee. Cite special abilities related to these accomplishments. Give evidence of how this helped the recipients, including agents, specialists and Extension clientele (250 words or less):

   ______________________________________________________________________________

3. List other evidence of recent productivity, such as publications, papers, mass media, liaison and public relations (250 words or less):

   ______________________________________________________________________________

Nominator:
Title: _________________________________________________________________________
Email: _________________________________________________________________________
Telephone: _______________________________________________________________________
Date: __________________________________________________________________________