



Award Application

Epsilon Sigma Phi

Check Appropriate Award:

- | | |
|---|--|
| ____ 1. Distinguished Service Award | ____ 8. Tenure 25-Year Award |
| ____ 2. Friend of Extension Award | ____ 9. Diversity/Multicultural Award |
| ____ 3. Continued Excellence Award | ____ 10. International Service Award |
| ____ 4. Mid-Career Service Award | ____ 11. Team Award |
| ____ 5. Early Career Service Award | ____ 12. Meritorious Support Service Award |
| ____ 6. Administrative Leadership Award | ____ 13. Visionary Leadership Award |
| ____ 7. Retiree Service Award | |

Nominee's Name: _____

Address: _____

City/State/Zip: _____

Title or former position: _____

Name of ESP member who nominated you (if applicable): _____

Statement of Justification: You may use additional pages as needed. Indicate:

- (1) Professional accomplishments such as education and career.
- (2) Program accomplishments. May use narrative or outline with bullet statements.