



North Carolina Extension Association of Family & Consumer Sciences

The Professional Association of North Carolina Cooperative Extension Family and Consumer Educators

Early Career Award Application

The following application must be completed and submitted along with documentation showing innovative and effective methods of conducting Extension Programs. Entries must be submitted by individuals. Teams are not recognized.

Name: _____

Position: _____

County: _____ District: _____

Complete Office Address: _____

Office Telephone: _____ Home Telephone: _____

Years/Months employed with the NC Cooperative Extension: _____

Years of membership with the NCEAFCS: _____

On an attached sheet, not to exceed 2 typewritten pages, describe your accomplishments that document your innovative and effective methods of conducting Extension Programs.

On an attached sheet, not to exceed 2 pages, provide any supportive materials.

Attach a summary of your successes (not more than 50 words) that can be used in the State Awards Program book.

I certify that I am an active member with less than 10 years experience in NCEAFCS.

Date

Signature of Applicant

I certify that I have reviewed this application and verify that it has earned my approval.

Date

Signature of Immediate Supervisor

Due JANUARY 7TH to District Vice President for Awards and Recognition