



North Carolina Extension Association of Family & Consumer Sciences

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

YOUTH DATA FORM

The following application must be completed and submitted along with documentation showing program impacts with youth audiences within the past year. Entries must be submitted by individuals. Teams can apply and be 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 program impacts with youth audiences within the past year.

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 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 February 1st to District Vice President for Awards and Recognition