

# OHIO ASSOCIATION OF FAMILY & CONSUMER SCIENCES PROFESSIONAL SECTION AWARDS NOMINATION & INFORMATION FORM

**DEADLINE: POSTMARKED BY JANUARY 1**

Check the AAFCS professional section to which the nominee belongs:

- |   |  |
|---|--|
| <input type="checkbox"/> College, University & Research | <input type="checkbox"/> Business                            |
| <input type="checkbox"/> Extension                      | <input type="checkbox"/> Home & Community                    |
| <input type="checkbox"/> Health & Human Services        | <input type="checkbox"/> Pre-professional / Graduate Student |

**NOMINEE:** Name: \_\_\_\_\_

**NOMINATOR:** Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
E-mail: \_\_\_\_\_

**ELIGIBILITY:**

Any FCS professional who is currently a member of OAFCS and has designated the AAFCS/OAFCS professional section membership for which they are being nominated is eligible. Failure to provide accurate membership designation or nomination category will result in disqualification of nomination.

**BASIS FOR SELECTION:**

Entries in the awards competition are evaluated on the following criteria:

1. FCS related activities
2. Work completed or engaged in at the present time within the profession
3. Impact of the FCS professional in the job, community, and profession

**NOMINATION MATERIALS AND PROCEDURES:**

Nominator will submit a complete set of typed nomination materials including:

- a. Nomination & Information Form
- b. 100 word summary of accomplishments
- c. Three completed Nominee Evaluation Forms

**SEND FORMS TO:**

*Sudie Oakes  
Hilliard Davidson High School FCS  
5100 Davidson Road  
Hilliard, OH 43206*

*Email: [Susanna\\_Oakes@hboe.org](mailto:Susanna_Oakes@hboe.org)*

NOMINEE-S NAME: \_\_\_\_\_

CFCS: \_\_\_\_\_Yes \_\_\_\_\_No

HOME ADDRESS:Street:\_\_\_\_\_

City/State/Zip:\_\_\_\_\_

TELEPHONE :Home:(\_\_\_\_\_) \_\_\_\_\_ Work:(\_\_\_\_\_) \_\_\_\_\_

E-MAIL:\_\_\_\_\_

AAFCS Membership Number:\_\_\_\_\_

NOMINEE-S POSITION/TITLE:\_\_\_\_\_

PLACE OF EMPLOYMENT:\_\_\_\_\_

SUPERVISOR:

Name:\_\_\_\_\_ Phone:\_\_\_\_\_

Street:\_\_\_\_\_

City/State/Zip:\_\_\_\_\_

RESPONSIBILITIES OF CURRENT POSITION:\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

EDUCATION: (begin with most recent)

Name of Institution

Location

Course of Study

Degree

WORK EXPERIENCE: (current position first)

Company Name

Title/Position

Address

Phone

**2.DIRECTIONS: Please complete using only the space provided. DO NOT ATTACH ANY ADDITIONAL PAGES.**

OAFCS involvement:

Participation in professional organizations: (local, state, national, international)

Major professional accomplishments:

Involvement in community service organizations:

Leadership activities:

Honors & awards received:

Please list two references who can verify this information:

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_

Name \_\_\_\_\_  
Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip \_\_\_\_\_

\_\_\_\_\_ I will be present at the awards ceremony at the Ohio Association of Family & Consumer Sciences Annual Meeting.

\_\_\_\_\_ I will be unable to attend the Ohio Association of Family & Consumer Sciences Annual Meeting

***I certify that the information given in the preceding sections is true to the best of my knowledge.***

\_\_\_\_\_  
Nominee Signature

\_\_\_\_\_  
Nominator Signature