

OUTSTANDING COMMUNITY SERVICE RECOGNITION NOMINATION AWARD

Service Project must be completed by November 1 of current year.

PLEASE TYPE

Club Name _____ Total members _____

Project Chairperson _____ Number of Members Participating _____

Date of Project _____ Who benefited from this service project? _____

Description of project:

The Plan:

The Action:

The Results:

May attach pictures or other documentation to help show the Community Service Project. Use additional pages if necessary. A simple donation of money will not be considered "Outstanding" for this award. The Advisory Committee will review each application and make all final decisions on award recipients.

Advisor's Signature: _____ Date: _____

To be completed and submitted to Extension Office by November 1, 4:30 p.m.

04/2023

