

**OUTSTANDING COMMUNITY SERVICE RECOGNITION
NOMINATION AWARD**

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:

Please place pictures here to help show the Community Service Project. Use the back of the form if necessary.

Advisor's Signature: _____ Date: _____

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

01/2016

**THE OHIO STATE UNIVERSITY**COLLEGE OF FOOD, AGRICULTURAL,
AND ENVIRONMENTAL SCIENCES**geauga.osu.edu**CFAES provides research and related educational programs to clientele on a nondiscriminatory basis. For more information: go.osu.edu/cfaesdiversity.