

**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 November 1, 4:30 p.m.

09/2022

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