

KEAFCS Friend of Extension Nomination

Nominee's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-Mail (if known): \_\_\_\_\_

Nominated by: \_\_\_\_\_

Phone and E-Mail: \_\_\_\_\_

Brief statement why this nominee should receive the Friend of Extension Award.  
*This information will be used in the KEAFCS Awards program book. Return to  
Past President and forward a copy to Vice President for Awards and Recognition  
by October 1.*