



**National Extension Association of Family and Consumer Sciences**  
**Alabama Affiliate**

ALABAMA COOPERATIVE EXTENSION SYSTEM  
HALL OF FAME AWARD

PART I

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_  
(as name would appear on certificate)

ADDRESS: HOME \_\_\_\_\_  
Street City Phone

County Zip

OFFICE \_\_\_\_\_  
Street City Phone

Term of service in Extension: Years: \_\_\_\_\_ Months: \_\_\_\_\_ (as of Jan. 1)

DEGREES HELD: B.S. \_\_\_\_\_ (year) B.A. \_\_\_\_\_ (year)  
M.S. \_\_\_\_\_ (year) M.A. \_\_\_\_\_ (year)  
PhD. \_\_\_\_\_ (year) Other \_\_\_\_\_

- I. Additional training (advanced) and any supplemental training undertaken throughout the year over and above what is expected.
- II. Experience: List in chronological order beginning with present year.

	<u>EMPLOYER</u>	<u>TITLE</u>	<u>MONTHS &amp; YEARS</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

**III. Membership**

**1. Professional Associations:**

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**2. List membership in related professional associations:**

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**3. Offices held in professional associations and/or related professional associations:**

ASSOCIATION

OFFICE & COMMITTEE

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**4. Books, journals, etc, published:**

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**5. Community service (city council, P.T.A., church, etc.):**

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**6. Major positions held within ACES:**

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7. Special honors and awards:

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8. Unusual achievements (mayor, bank president, real estate agency, etc.):

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9. ACES Contributions

A. Program planned, developed, implemented and results.

1. PROGRAM PLANNING (Include in this section things that you have done to develop a county program. Include such things as work with county council members, specialists, resource people, organizations, and agencies. Be specific on your input in the program planning process).
2. PROGRAM IMPLEMENTATION (Describe the size and scope of your current program responsibilities with emphasis on the last 3 years. Please include unusual or exceptional aspects of your county program. Give participation numbers with emphasis on quality of participation. Tell of any special demonstration materials or special programs you have developed. Also give examples of clientele adopting practices taught. Have you reached any new audiences? What types of mass media are you using? Discuss your use of volunteer leaders.
3. REPORTING AND EVALUATION (Be specific on how you reported, and to whom and how you evaluated the programs you are involved with).

B. Joint programs with agencies and organizations.

C. Co-leaders for community programs and projects.

D. State and national leaders, officers and committee chairmen.

E. Other achievements.

10. Other contributions:

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11. Reasons why nominee should be recommended for the ACES Hall of Fame Award. Write about 1/2 page.

12. Nomination submitted by:

NAME \_\_\_\_\_ Signature \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

Are you a current member of NEAFCS? \_\_\_\_\_ Yes \_\_\_\_\_ No

How many years a member? \_\_\_\_\_ Years

13. Nomination endorsed by the following:

NAME \_\_\_\_\_ Signature \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

NAME \_\_\_\_\_ Signature \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

## HALL OF FAME

### PART II

**Statement of program accomplishments for awards program. Summarize in 100 words or less outstanding features of the program of work for which the candidate is to be recognized. Cite specific abilities related to these accomplishments.**

HALL OF FAME

PART III

(For NEAFCS Immediate Past President to arrange completion.)

To be completed by State Staff Personnel. The Hall of Fame applications must be validated by appropriate state staff. (District Agent or supervisor of currently employed employees).

Candidates term of service in Extension as of January 1 of current year:

Years \_\_\_\_\_ Months \_\_\_\_\_

I approved this applicaton:

NAME \_\_\_\_\_

TITLE \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DATE: \_\_\_\_\_