



AAFCCS

AMERICAN ASSOCIATION OF
FAMILY & CONSUMER SCIENCES

CONNECTICUT AFFILIATE

PROFESSIONAL OF THE YEAR NOMINATION FORM

Date: _____

Nominee: _____

Home Address: _____

Telephone: Home: _____ Work: _____

Fax: Home: _____ Work: _____

e-mail address: Home: _____ Work: _____

AAFCCS Membership Number: _____

Employer: _____

Employer Address: _____

Position/Title: _____

Identify colleges/universities you have attended. List the most recent first.

Degree	Major	Institution	Date Received

Professional Experience (list most recent first):

Position	Employer	Dates	Function/Responsibilities

Professional/Honorary Activities and Affiliations:

Organization	Year of membership Positions Held/Honors Received

Special Awards or Honors: _____

Community Service or Special Service: _____

Brief statement in support of recommendation: _____

Nominating person: _____

Telephone: _____ e-mail address: _____

Signature: _____ Date: _____

All applications must be postmarked by April 15th

For help or information please call **Kathy Brophy at 860.978.0088** or e-mail brophyk2@cox.net
Announcement of the award will be made at the AAFCS/CT Spring Meeting. All entries should be sent to:

Kathy Brophy - 35 Jennifers Way, Rocky Hill, CT 06067-2631

This form may be word processed, signed and dated.