

## CONNECTICUT AFFILIATE

## PROFESSIONAL OF THE YEAR NOMINATION FORM

Date:			
Nominee:			
Home Address:			
Telephone:	Home:	Work:	
Fax:	Home:		
e-mail address:	Home:	Work:	
Employer: Employer Address	s:		
Position/Title:	ntify colleges/universities	you have attended. List the most re	ecent first.
Degree	Major	Institution	Date Received
-			

Professional Experience (list most recent first):

**Position** 

Employer

Professional/Honorary Act	ivities and Affiliati	ons:	
Organization	Year of membership Positions Held/Honors Received		
Sa : - 1			
Special Awards or Honors			
Community Service or Spe	ecial Service:		
Brief statement in support	of racommon dation		
oner statement in support	or recommendation	•	

**Dates** 

All applications must be postmarked by April 15th

For help or information please call **Carole Christensen at 860/563-4038** or e-mail <u>Clgchris@aol.com</u> Announcement of the award will be made in the Summer newsletter and at the AAFCS/CT Spring Meeting. All entries should be sent to:

Telephone: \_\_\_\_\_\_ e-mail address: \_\_\_\_\_

Carole Christensen - 394 Wells Rd., Wethersfield, CT 06109

**Function/Responsibilities**