



*National Extension Association of Family & Consumer Sciences*

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LEAFCS - LOUISIANA AFFILIATE

**AWARDS DATA FORM**

Please complete and update yearly at Annual Conference. Return to LEAFCS Regional Director.

**PERSONAL INFORMATION (Print or type)**      Date \_\_\_\_\_

Name \_\_\_\_\_      Present Position \_\_\_\_\_

Parish \_\_\_\_\_      Office Address \_\_\_\_\_

City \_\_\_\_\_      State \_\_\_\_\_      Zip \_\_\_\_\_

Telephone (Office) \_\_\_\_\_      (Home) \_\_\_\_\_

Fax \_\_\_\_\_      e-mail \_\_\_\_\_

Degree, Date \_\_\_\_\_

Member      Number of years \_\_\_\_\_       Non-member

If selected as a State or National Winner, please specify exact wording of name for award certificate/plaque. \_\_\_\_\_

If you are selected for an award or honor, please specify exact wording for brief summary.

**(1) Program Accomplishments:** \_\_\_\_\_

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**(2) Professional Improvement:** \_\_\_\_\_

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**(3) Professional & Community Awards You Have Received:** \_\_\_\_\_

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**(4) Other Professional Association Memberships and Participation:** \_\_\_\_\_

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**(5) Involvement in Our State and National Association in the last five years:**

**a. State Committees/Offices:** \_\_\_\_\_

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**b. National Committees/Offices:** \_\_\_\_\_

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**How many national meetings have you attended?** \_\_\_\_\_

**Committee Preference for State: (Rank 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup> choice)**

\_\_\_\_\_ **Finance**

\_\_\_\_\_ **Public Affairs**

\_\_\_\_\_ **Member Resources**

\_\_\_\_\_ **Awards and Recognition**

\_\_\_\_\_ **Professional Development**

\_\_\_\_\_ **By-laws**

\_\_\_\_\_ **Nominating**

\_\_\_\_\_ **Auditing**

\_\_\_\_\_ **Hospitality**

\_\_\_\_\_ **Archives**

\_\_\_\_\_ **Resolutions**

\_\_\_\_\_ **Installation**

\_\_\_\_\_ **Retirement**

\_\_\_\_\_ **Handbook**

\_\_\_\_\_ **Police Jury Convention**

\_\_\_\_\_ **Special Awards**

\_\_\_\_\_ **Maxine Reeves Memorial Award**

\_\_\_\_\_ **Ways and Means**

\_\_\_\_\_ **Web Site**

\_\_\_\_\_ **Marketing Committee**