

THE GOVERNOR'S OUTSTANDING ACHIEVEMENT AWARD IN AGRICULTURE

Nomination Form

The Award Process:

The Governor's Outstanding Achievement Award in Agriculture will be presented during a special ceremony to an individual who has demonstrated an exceptional commitment to agriculture in Oklahoma. A Selection Committee will choose an award winner from nominees submitted by individuals statewide. All nominations must be filled out on this official nominating form. Additional sheets may be attached, if necessary.

PART I NOMINEE INFORMATION

1. Nominee's Name _____
2. Telephone _____ (home) _____ (work)
3. Street Address _____
4. City _____ County _____ Zip _____
5. Type of involvement in agriculture:
 - ___ Production (Livestock)
 - ___ Production (Crop)
 - ___ Agriculture Business
 - ___ Forestry
 - ___ Horticulture/Nursery
 - ___ Other: _____
6. Number of years involved in agriculture (minimum of 25 years service) _____
7. Date of Birth _____

PART II SELECTION INFORMATION

A. INVOLVMENT IN AGRICULTURAL ORGANIZATIONS

Indicate the extent to which the nominee is actively involved in agricultural organizations at the state level.

Organization

Years of Membership
(Give Dates)

Office Held

B. INVOLVEMENT IN STATE ORGANIZATIONS

Indicate the extent to which the nominee is actively involved in state organizations (i.e. charitable, civic, and service).

Organization	Years of Membership (Give Dates)	Office Held
--------------	-------------------------------------	-------------

C. AWARDS AND HONORS

List the awards and honors the nominee has received from agricultural and state organizations which recognize his/her service to the organization.

Grantor

Date

Award

D. CONTRIBUTIONS TO AGRICULTURE AND STATE

Describe in 3 pages or less the general contribution of the nominee to agriculture and his/her state.

Verification of information will help assure that the most complete and accurate information is made available to the Selection Committee, which must distinguish between the merits and accomplishments of all nominees.

The undersigned attest that the information provided in this form is true and factual to the best of their knowledge and that the individual being nominated is aware of his/her nomination and agrees to it. **Signatures are required.**

Nominee _____

Nominator _____ phone # (____) _____

The following information is needed for presentation and publicity purposes.

Spouse's Name _____

Number of Children _____

Sons (names)

Daughters (names)

Number of Grandchildren _____