TEAFCS Program Award Application Cover Page

Name: _____

Title: _____

County: _____ District: _____ Region: _____

Program Title: _____

Award Category (please only check one per application):

- ☐ Family Development & Resource Management (Family Life, Parenting, Financial Management, Housing, Clothing, Etc.)
- ☐ Nutrition, Health and Wellness (Non-BLT related programs)
- ☐ 4-H and Youth Development
- ☐ Curriculum Enrichment
- ☐ Multi-County Programming

Is this award being submitted for an individual or team?

- ☐ Individual
- ☐ Team

If team, please list team members and their respective information (add additional pages if needed):

Name: _____

Title: _____

County: _____ District: _____ Region: _____

Name: _____

Title: _____

County: _____ District: _____ Region: _____

Name: _____

Title: _____

County: _____ District: _____ Region: _____

50 word summary statement to be used in the awards presentation.