

## Mississippi Master Gardener of the Year

# Nomination Cover Sheet

**This cover sheet must accompany the nomination supporting documentation.**

**Previous district winners may be re-nominated in non-consecutive years.**

Name of Master Gardener: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_ District: \_\_\_\_\_

Has the Nominee been nominated previously? \_\_\_\_\_ If so, when? \_\_\_\_\_

Year Nominee entered the Master Gardener program: \_\_\_\_\_

Nominator: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

1. Provide a one-page overview (no more than 200 words) of the characteristics displayed and contributions made by the Nominee that would qualify him/her as Master Gardener of the Year. Include examples of each of the following, as a subject heading and in order (20 points each):

- a. Positive attributes (e.g. dependability, enthusiasm, cooperative spirit, leadership)
- b. Teaching skills or other creative delivery methods
- c. Contributions to benefit & strengthen the county Master Gardener program
- d. List of Recertification/Continuing education activities
- e. Greatest contribution to the Master Gardener program

2. You may include no more than 3 pages of supporting materials (e.g. one page of photos, one news article, and/or one example of other awards/recognition received). These will not be returned. Check items included:\_\_\_\_\_

\_\_\_\_ Photos \_\_\_\_ News article \_\_\_\_ Awards/Recognition

Signatures

Nominator: \_\_\_\_\_ Date: \_\_\_\_\_

Ext. Agent or Chair (other than nominee): \_\_\_\_\_ Date: \_\_\_\_\_

**Nomination must be postmarked on or before 90 days prior to the current year's MGA State Conference.**

**Complete and send to:**

Dr. Lelia Kelly

State Coordinator – Master Gardeners

P.O. Box 1690

Verona, MS 38879

Att: Mississippi Master Gardener Awards Working Group