## WSU EXTENSION MASTER GARDENER ED LACROSSE DISTINGUISHED SERVICE AWARD

Description, Criteria, and Eligibility



### **Award Description:**

The WSU Extension Master Gardener Ed LaCrosse Distinguished Service Award recognizes someone who has had a significant statewide or broader impact on the WSU Extension Master Gardener (EMG) or has acted on behalf of the Master Gardener Foundation of Washington State (MGFWS). Nominees need not be a WSU Master Gardener.

#### **Award Criteria**

- 1. Nominee has demonstrated their commitment to the WSU Extension Master Gardener Program through their length of continuing support of the Program.
- 2. Nominee's efforts on behalf of the WSU Extension Master Gardener Program and/or the Master Gardener Foundation of Washington State have had a significant, positive, statewide impact on the Program.
- 3. Nominee has distinguished themselves in their commitment to serving the EMG state-wide program and delivering positive, impactful change to the Program.

### **Eligibility:**

The nominee should be affiliated with the WSU Extension Master Gardener Program or a relevant organization. Nominations will be accepted from county EMG organizations, MGFWS board members and WSU Extension program leadership.





# WSU EXTENSION MASTER GARDENER ED LACROSSE DISTINGUISHED SERVICE AWARD

Nomination Submission Form



No	ominee					
Fir	st Name:	Last Name:		County:		
Em	nail:		Phone:			
Ye	ar of EMG certification:		Is nominee	aware of nomination?	Yes	N
lf r	not an EMG volunteer, na	ame of affiliated orga	anization:			
In	consideration of the crit	eria 1-3 above please	e respond to	the statements below a	ccordingly.	
	ormation may be submit mbered format below. M		•	·		the
Att	ach a high-quality head	and shoulder photo	(2MG) of the	nominee.		
1.	Please summarize the nominee's relationship to the Master Gardener Foundation of Washington State (MGFWS) and the WSU Extension Master Gardener (EMG) Program, detailing the supporting roles the nominee has played and the dates they occurred.					
2.	Please detail the nomir value across the state, state, and are expected	of wide breadth & de	eep reach, are	e sustainable and replic	•	

## WSU EXTENSION MASTER GARDENER ED LACROSSE DISTINGUISHED SERVICE AWARD

Nomination Submission Form (continued)



3.	Please summarize the nominee's overall, cumulative impact on the state-wide EMG program presenting a compelling case that the nominee's service to the program and/or the state foundation is distinguished and deserving of this award.					
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Dec	larations:					
Nom	inator's First Name:	Last Name:				
WSU	Master Gardener Program affiliation	on:	Award year			
I cert	certify the above and attached information to be true and correct. I represent WSU Extension County in making this nomination for the Ed LaCrosse Distinguished Service					
Awa	rd.					
Signature:		Date:				

#### **Submission:**

Phone:

Please return this application by email to the MGFWS Awards Committee by July 1, of the Award year. Email completed nomination form to: <a href="mailto:awardsMGFWS@gmail.com">awardsMGFWS@gmail.com</a>

E-mail: