



**CONNECTICUT AFFILIATE**  
**PROFESSIONAL OF THE YEAR**  
**NOMINATION FORM**

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

Nominee: \_\_\_\_\_

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

Telephone: Home: \_\_\_\_\_ Work: \_\_\_\_\_

Fax: Home: \_\_\_\_\_ Work: \_\_\_\_\_

e-mail address: Home: \_\_\_\_\_ Work: \_\_\_\_\_

AAFCS Membership Number: \_\_\_\_\_

Employer: \_\_\_\_\_

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

Position/Title: \_\_\_\_\_

Identify colleges/universities you have attended. List the most recent first.

| Degree | Major | Institution | Date Received |
|--------|-------|-------------|---------------|
|        |       |             |               |
|        |       |             |               |
|        |       |             |               |
|        |       |             |               |
|        |       |             |               |

Professional Experience (list most recent first):

| Position | Employer | Dates | Function/Responsibilities |
|----------|----------|-------|---------------------------|
|          |          |       |                           |
|          |          |       |                           |
|          |          |       |                           |
|          |          |       |                           |
|          |          |       |                           |

Professional/Honorary Activities and Affiliations:

| Organization | Year of membership Positions Held/Honors Received |
|--------------|---|
|              |   |
|              |   |
|              |   |
|              |   |

Special Awards or Honors: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Community Service or Special Service: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Brief statement in support of recommendation: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Nominating person: \_\_\_\_\_

Telephone: \_\_\_\_\_ e-mail address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***All applications must be postmarked by April 15<sup>th</sup>***

Selection is in accordance with the AAFCS Guidelines. For help or information, please call **Susan Murphy at 860.798.2235** or e-mail [bodyaahdesigns@gmail.com](mailto:bodyaahdesigns@gmail.com) The selected recipient will be honored at the Spring Meeting. Send entries to:

**Susan Murphy, 37 River Street, Old Saybrook, CT 06475**

*This form may be word processed, signed and dated.*