



**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>***

For help or information, please call **Stephanie Fians at 203.258.7445**  
or e-mail [stephaniefians@gmail.com](mailto:stephaniefians@gmail.com)

Announcement of the award will be made at the AAFCS/CT Spring Meeting. Send entries to:  
**Stephanie Fians – 98A Seminole Lane, Stratford, CT 06614-8149**