**WSSA EXTENSION AWARD**

**Nomination Support Form**

**I. Name of Nominee**:

**II. Relationship of evaluator to nominee** (circle):

1. Administrative supervisor

2. Colleague at nominee's institution or agency (can be nominator)

3. WSSA member from another University or agency other than that of the nominee

4. County or district agricultural Extension advisor (agent)

5. Agricultural grower or producer

6. Nominator - other

**III. Evaluate the nominee’s technical competence in weed science**

Use the categories and numerical ratings indicated below:

|  |  |
| --- | --- |
| **Ability to:** | **Ratings\*\*** |
| Develop creative, innovative, and effective programs |   |
| Organize and develop weed science Extension programs |   |
| Influence growers or ranchers to adopt new practices |   |
| Stimulate interest in weed science |   |
| Cooperate with colleagues |   |

\*\*10 - A truly exceptional Extension worker, equal to the best you have known (upper 1%)

9 - An outstanding Extension worker (upper 5%)

8 - A very good Extension worker (upper 10%)

7 - A good Extension worker (upper 20%)

6 - An above average Extension worker (upper 25%)

5 - An average Extension worker (upper 35%)

4,3,2,1 - Average or below average Extension worker

**V. Evaluator's name and address:**

**Signature:**

**Date:**

Supply an electronic copy of a supporting letter on separate page. Email the nomination support form and letter to **THE NOMINATOR** by **September 15** to allow the nominator to submit the entire package by **September 30.**