

# Lincoln County Master Gardener™

## of the

## Year Award Nomination

This award is presented to one OSU Master Gardener™ from each County by the Oregon Master Gardener™ Association (OMGA) working cooperatively with Oregon State University. This annual award recognizes outstanding dedication and service of an OSU Master Gardener at the county level. Service of this individual should benefit our county as a whole.

Complete the form below for nominating. The LCMGA Awards Committee must receive the completed application by **April 20<sup>th</sup>**.

### Nominee information for Lincoln County Master Gardener of the Year:

Name: \_\_\_\_\_

1. Number of years as an OSU Master Gardener (if known) \_\_\_\_\_
2. Please describe the nominee's contribution(s) to the LCMGA OSU Master Gardener™ Program.

Please give specific examples of dedication, enthusiasm, inspiration, service, etc.

- ✓ **LCMGA Involvement:** Has the nominee held any leadership positions within LCMGA? Has the person initiated a new program, or have they breathed new life into an existing program, within the LCMGA? Do they play a role in training and/or mentoring new Master Gardeners?
- ✓ **Positions in LCMGA/OMGA:** Positions within LCMGA/OMGA include: elected officers (e.g. President, Vice President, Treasurer, Secretary), appointed positions (e.g. Newsletter Editor), ad hoc committee chair (e.g. Bylaws, Scholarship, Mini-College, Hospitality Committee, etc.).
- ✓ **Outstanding and Unusual Service:** It is this outstanding and unusual service to LCMGA and to the OSU Master Gardener Program that defines the County Master Gardener of the Year. Examples of unusual or outstanding service would be taking the lead on a special project for Lincoln County Master Gardeners (e.g. a Master Gardener conference, etc.) or for establishing a new and worthy project within LCMGA (e.g. a new community garden or a mentorship program); any other service that is both outstanding, and above the expectations normally associated with a leadership position or a Master Gardener volunteer.

Nominator's Name: (person who is doing the nomination) \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

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

**Return complete application to: LCMGA Awards Committee Chair**