

2018 AFPAG Adoptive Parent of the Year Application

Name of Nominee _____ County _____ Region _____

Address _____ City _____ State _____ Zip _____

Phone (____) _____ Email _____

Name of Nominator _____ County _____ Region _____

Address _____ City _____ State _____ Zip _____

Phone (____) _____ Email _____

PLEASE LIST REFERENCES FOR VERIFICATION

Reference 1 – Name: _____ Phone: (____) _____

Reference 2 – Name: _____ Phone: (____) _____

Reference 3 – Name: _____ Phone: (____) _____

What makes this adoptive family/parent the best in Georgia *(Use a separate sheet of paper if needed)*

Is the nominee a member of any civic organization or clubs? Y____ N____ **If yes please list below:**

The nominee must be in good standing with AFPAG and their local agency. All applications must be postmarked by February 1, 2018. The honoree will be selected by AFPAG Conference Committee.

The honoree must be present at the awards luncheon. Please mail the application to:

AFPAG Conference
101 Windsor Road
Savannah, Georgia 31419