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## Please complete the application completely.

## 1. Submitted by:

# \* 2. Please enter the candidate information:

Name:		
Company:		
Address:		
Address 2:		
City/Town:		
State:	select state	•
State: ZIP/Postal Code:	select state	<b>_</b>
	select state	
ZIP/Postal Code:	select state	

### 3. Is the candidate a current Washington State Academy member?

- O Yes
- 🔵 No

### 4. Candidate's Academy membership number:

## 5. Please upload the candidate's resume/CV here.

Choose File
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No file chosen

#### 6. Please enter the education information.

**Choose File** 

Highest degree completed	
Date of highest degree	
Institution	
City/State	

7. Nominees should have made significant contributions in community dietetics in one or more of the following areas:

- Development of a special community nutrition program
- Development of patient/public nutrition education material
- Original contribution in community nutrition research

Please describe your contribution below.

8. Please add any other information that supports the nomination for the Community Excellence Award.

#### 9. Please upload a letter of reference here.

Choose File

Choose File No file chosen

10. Please submit information regarding your employer (if you are selected, a letter will be sent to your employer).

Supervisor Name:	
Supervisor Title:	
Organization:	
Address:	
Email Address:	