## Case Manager 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			
Р	LEASE LIST REFE	RENCES FOR VERIFIC	ATION	
Reference 1 – Name:		Phone: (	)	
Reference 2 – Name:		Phone: (	)	
Reference 3 – Name:		Phone: (	)	
What makes this person to needed).		er in Georgia? (Please u	1	sheet of paper if
Is this nominee a member	r of any civic organi	ization or clubs? Y	N If yes	s, please list:

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

2018 Adoptive and Foster Parent Association of Georgia 45<sup>th</sup> Annual Education Conference Jekyll Island, Georgia