2018 AFPAG Foster 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	
PLEAS	E LIST REFERENCES FOR VEH	RIFICATION
Reference 1 – Name:	Phone:	()
Reference 2 – Name:	Phone:	()
Reference 3 – Name:	Phone:	()
What makes this the best foster	parent in the State of Georgia?	(use a separate sheet of paper if needed).
Is this nominee a member of an	y civic organization or clubs? Y	I N If yes, 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 45th Annual Education Conference Jekyll Island, Georgia