

Please note – the submission deadline is $MAY 1^{ST}$

(or the first business day of May should the 1st fall on a Saturday or Sunday).

Please be sure to **submit all pieces** to the application including the <u>description sheet</u> and <u>committee sheet</u>.



Elkhart County Extension Homemakers Homemaker of the Year Application



1.	Club Name
	Name
	Address
	City State Zip
5.	Telephone Number:
	Email Address
Being	married or having children is <u>not</u> a requirement to be Homemaker of the Year.
Numb	er of children in family Number living at home
List th	ne name and age of your child(ren):
1	
	and phone number of a contact person in case you are selectedlo you view your role as a homemaker?
What	is your educational background?
	,

In addition to homemaking, what is your present and/or past occupation or profession?			
•	each of these categories to be selected as HOY.		
district, or state)?	red in Extension Homemakers (local club, county,		
2. In what ways have you served or volunteer leadership, volunteer, etc.)?	red in your church or community (committee,		
3. In what activities with your own children involved?	and/or children/youth in general have you been		
4. Describe some of your personal and family	goals which you have accomplished		
Name: (signature of nominee):	Date		
Return by May 1st to: Purdue Extension Elkhart County Attention HHS Department 17746 County Road 34 STE E Goshen, IN 46528-6898			

Revised 2024

Homemaker of the Year – Description

No Late Entries Will Be Accepted.

(This must be returned with your Homemaker of the Year application)

Name	Club
Number of Years of Membership	
Please write a brief paragraph about yourself. You	ourself, include your name, club name, and something ou will read this for your introduction.

Homemaker of the Year Committee Sheet

Please submit this page to a club officer or committee in support of your nomination for completion. The person filling out this sheet may contact other sources to obtain information.

Name of nominee	
Club	
Person completing form	
Address	
City	
 In the space provided, please provide the following How do you view the nominee as a homem Describe some of the activities the nomine and county activities: 	aker and/or parent?

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Attention HHS Department
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