

**NOMINATION FORM FOR THE GOLDEN TROWEL AWARD
SEDGWICK COUNTY EXTENSION MASTER GARDENER VOLUNTEER PROGRAM**

Date: _____

Person being nominated: _____

Master Gardener Class of _____ (Year)

Please give one or more examples of how this person has made contributions that have gone above and beyond to the Master Gardener Program during 2017.

Person making nomination: _____ (Please Print)

The Golden Trowel Award is typically not given to the same person within a 5-year span.