



Georgia Fruit Industry Education and Research Award

Name		
Address:		County:
Town:	Georgia	Zip Code:
Phone #	Cell #	FAX #

GACAA District:

☐ Northeast	☐ Northwest	☐ Southeast	☐ Southwest	☐ State Staff
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My signature verifies that I am a member in good standing with GACAA, have read and understood the rules, and certify that my entry meets the requirements.

Signature _____ Date _____

Recipient must attend GACAA Annual Meeting/Professional Improvement Conference to receive award, unless exempted by GACAA President because of extenuating circumstances. (Established by GACAA Board action, November, 2008)

Submit application with entry form, manuscript, and supporting material.

Applications should be received by **October 2**.

The application can be emailed in pdf form. Please send one pdf that includes the entry form as the cover page. Label the email subject as: **Application for Fruit Industry Award** and send to: ghibbs@uga.edu

**Garrett Hibbs
Hall County Extension
734 E Crescent Drive
Gainesville, GA 30501
(770) 535-8293**