OUTSTANDING YOUNG FARMER

OFFICIAL STATE NOMINATION FORM

SUBMISSION DEADLINE: January 15 of each year

Nominating Organization: __________________________________________________

Nominator’s Signature: ____________________________________________________

Nominator’s Title: ________________________________________________________

Date: ___________________

Nominee’s Vital Statistics

NAME:  ________________________________________________________________

PRESENT AGE: __________________________ DATE OF BIRTH:  _____________

MAILING ADDRESS: ______________________________________________________

FARM ADDRESS: _______________________________________________________

TYPE OF FARM OPERATION:  _____________________________________________

TELEPHONE: ____________________________ FACSIMILE: __________________

E-MAIL: _______________________________________________________________

MUNICIPALITY: _________________________ COUNTY: ____________________

MARITAL STATUS (check):  Married ________ Single ________

Number of children: ________

SEND NOMINATION FORM TO:

Joe Atchison III
NJ OYF Program Manager
New Jersey Department of Agriculture
PO Box 330
Trenton, NJ 08625-0330

For further information, call (609) 913-6520 or email Joe.Autchison@ag.nj.gov.

MAY BE REPRODUCED