



Nomination Form

Kansas Certified Crop Adviser of the Year Award

Sponsored by: The Kansas CCA Program

Candidate name: _____

CCA number: _____

Mailing address: _____

Phone number: _____

E-mail (if available): _____

Employer (if applicable): _____

Your name: _____

Mailing address: _____

Phone number: _____

E-mail: _____

Additional pages may be added if needed.

1. How many years of crop advising experience? _____
2. Scale and scope of crop advising work being done i.e. type of clientele, acres responsible for, crops, particular areas of focus or specialty. *20 points*

(NOTE: EVERYONE MUST HAVE **ONE** NOMINATION FORM AND **THREE** LETTERS OF RECOMMENDATION SUBMITTED BY OCTOBER 29TH IN ORDER TO BE ELIGIBLE)

