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 OR FAX (609) 341-3212
PO Box 330
Trenton, NJ 08625-0330

For further information, call (609) 984-2223 or email Joe.Atchison@ag.state.nj.us.

MAY BE REPRODUCED