

Foster Parent of the Year Application

Name of Nominee _____

Address _____

City _____ State _____ Zip _____

County _____ Phone _____ Region _____

Name of Nominator _____

Address _____

City _____ State _____ Zip _____

County _____ Phone _____ Region _____

References for Verification

- 1. _____
- 2. _____
- 3. _____

What makes this caregiver the best foster parent in the State of Georgia? (Use a separate sheet of paper if needed).

Is this nominee a member of any civic organization or clubs? _____

**The nominee must be in good standing with AFPAG and their local agency. All applications must be received by February 1, 2022. The winner will be selected by AFPAG Conference Committee. The winner must be present at the awards luncheon. Please mail your application to:
AFPAG Conference
101 Windsor Road
Savannah, GA 31419**