



CALIFORNIA STATE FOSTER PARENT ASSOCIATION, INC.

Awards & Scholarships
California Department of Social Services for
Outstanding Foster Parent(s) Award
Nomination Form

Nominee(s)	_____	Date	_____
Address	_____	Region	_____
City	_____	Zip Code	_____
	_____	County	_____
Years of service as Foster Parent(min. 5 years)	_____	# of children cared for	_____
Person making nomination	_____		
Address	_____	City	_____
Zip Code	_____	Phone #()	_____

This award is only given to those nominee(s) who have not previously received this award and currently have or had placements within the past six months. On a separate sheet of paper please address each of the following questions as the basis for your recommendation of the above nominee(s).

1. Nominee(s) family information; occupation, education, family activities, community involvement, local Chapter support etc.?
2. What is the nominee(s) specialty of care; teens, babies, medically fragile, sibling sets, etc?
3. What exceptional contribution has the nominee(s) done to be considered for "above and beyond award" in their role as Foster Parent(s)?
4. What special training has the nominee(s) obtained in order to better serve the children in their care?
5. What previous awards or public recognition has this nominee received?
6. Any additional information or comments to further explain your reasons for recommending the nominee(s) for this award should also be submitted as well as letters of support from others who have knowledge of accomplishments for the nominee(s).

Please remember all applications, letters and your statement must be received no later than July 1st to the Awards & Scholarship Committee Chair to be considered.

Return to Patrica Negus at 12419 Oaks Ave. Chino, CA. 91710



Awards & Scholarships
Outstanding Service Award
Nomination Form

Nominee	_____	Date	_____
Address	_____	Region	_____
City	_____	Zip Code	_____
	_____	County	_____
Job Title, position or status as applicable; _____			
Person making nomination _____			
Address	_____	City	_____
Zip Code	_____	Phone #	() _____

This award is given for exceptional service to or support of the CSFPA by a non-member; for example a political representative, college supporter, ILP Trainer or a state agency person. This award is for someone that has made a difference statewide, not for a specific county or local area and has not previously received this award.

On a separate sheet of paper please address each of the following questions as the basis for your recommendation of the above nominee.

1. What specific service(s) has this individual performed in support of the CSFPA and/or it's programs and goals?
2. How has this service benefitted the CSFPA or a significant group of it's Members and/or their children?
3. What previous awards or public recognition has this nominee received for this or similar services?
4. Any additional information or comments to further explain your reasons for recommending this nominee for this award should also be submitted as well as letters of support from others who have knowledge of accomplishments for the nominee.

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CALIFORNIA STATE FOSTER PARENT ASSOCIATION, INC.

Awards & Scholarships
Outstanding Kinship Award
Nomination Form

Nominee(s) _____		Date _____
Address _____		Region _____
City _____	Zip Code _____	County _____
Years of service as Kinship (min. 5 years) _____ # of children cared for _____		
Person making nomination _____		
Address _____		City _____
Zip Code _____	Phone #(_____) _____	

This award is only given to those nominee(s) who have not previously received this award and currently have or had placements within the past six months. On a separate sheet of paper please address each of the following questions as the basis for your recommendation of the above nominee(s).

1. Nominee(s) family information; occupation, education, family activities, community involvement, local Chapter support etc.?
2. What exceptional contribution has the nominee(s) done to be considered for "above and beyond award" in their role as a Kinship Parent(s)?
3. What special training has the nominee(s) obtained in order to better serve the children in their care?
4. What previous awards or public recognition has this nominee received?
5. Any additional information or comments to further explain your reasons for recommending the nominee(s) for this award should also be submitted as well as letters of support from others who have knowledge of accomplishments for the nominee(s).

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CALIFORNIA STATE FOSTER PARENT ASSOCIATION, INC.

Awards & Scholarships
Outstanding Foster Family Agency (FFA) Award
Nomination Form

Nominee(s) _____		Date _____	
Address _____		Region _____	
City _____	Zip Code _____	County _____	
Years of service as a FFA home (min. 5 years) _____		# of children cared for _____	
Person making nomination _____			
Address _____		City _____	
Zip Code _____	Phone #() _____		

This award is only given to those nominee(s) who have not previously received this award and currently have or had placements within the past six months. On a separate sheet of paper please address each of the following questions as the basis for your recommendation of the above nominee(s).

1. Nominee(s) family information; occupation, education, family activities, community involvement, local Chapter support etc.?
2. What is the nominee(s) specialty of care; teens, babies, medically fragile, sibling sets, etc?
3. What exceptional contribution has the nominee(s) done to be considered for "above and beyond award" in their role as FFA Parent(s)?
4. What special training has the nominee(s) obtained in order to better serve the children in their care?
5. What previous awards or public recognition has this nominee received?
6. Any additional information or comments to further explain your reasons for recommending the nominee(s) for this award should also be submitted as well as letters of support from others who have knowledge of accomplishments for the nominee(s).

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Awards & Scholarships
Outstanding Adoption Parent(s) Award
Nomination Form

Nominee(s) _____ Date _____
Address _____ Region _____
City _____ Zip Code _____ County _____
Years as an Adoptive Parent(min. 5 years) _____ # of children _____
Person making nomination _____
Address _____ City _____
Zip Code _____ Phone #() _____

This award is only given to those nominee(s) who have not previously received this award and currently have children in their home. On a separate sheet of paper please address each of the following questions as the basis for your recommendation of the above nominee(s).

1. Nominee(s) family information; occupation, education, family activities, community involvement, local Chapter support etc.?
2. What is the nominee(s) specialty of care; teens, babies, medically fragile, sibling sets, etc?
3. What exceptional contribution has the nominee(s) done to be considered for "above and beyond award" in their role as Adoptive Parent(s)?
4. What special training has the nominee(s) obtained in order to better serve the children in their care?
5. What previous awards or public recognition has this nominee received?
6. Any additional information or comments to further explain your reasons for recommending the nominee(s) for this award should also be submitted as well as letters of support from others who have knowledge of accomplishments for the nominee(s).

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CALIFORNIA STATE FOSTER PARENT ASSOCIATION, INC.

**Awards & Scholarships
Outstanding Social Worker Award
Nomination Form**

Nominee _____		Date _____
Address _____		Region _____
City _____	Zip Code _____	County _____
Years of service as a Social Worker (min. 5 years) _____ and currently serving.		
Person making nomination _____		
Address _____		City _____
Zip Code _____	Phone #(____) _____	

This award is only given to a nominee who has not previously received this award and is currently serving as a Social Worker. On a separate sheet of paper please address each of the following questions as the basis for your recommendation of the above nominee.

1. What are the credentials and or nominees experience as a Social Worker?
2. What exceptional service has this nominee done on their Case Plan to be considered for "above and beyond award" for their role as a Social Worker?
3. What previous awards or public recognition has this nominee received?
4. Any additional information or comments to further explain your reasons for recommending the nominee for this award should also be submitted as well as letters of support from others who have knowledge of accomplishments for the nominee.

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CALIFORNIA STATE FOSTER PARENT ASSOCIATION, INC.

Awards & Scholarships
Outstanding Director or Deputy Director Award
Nomination Form

Nominee _____	Date _____
Address _____	Region _____
City _____	Zip Code _____ County _____
Person making nomination _____	
Address _____	City _____
Zip Code _____	Phone #() _____

This award can only be given to those nominee(s) who have never previously received it. On a separate sheet of paper please address each of the following questions as the basis for your recommendation of the above nominee.

1. How many years of service has the nominee served?
2. What specific service(s) has this individual performed in support of the CSFPA parents and/or their children on a statewide basis?
3. How has this service benefitted the CSFPA or a significant group of its' Members and/or their children? (Membership and active support of issues concerning all caregivers and children in care at the State Welfare Directors Association meetings are especially noteworthy).
4. What previous awards or public recognition has this nominee received?
5. Why is this nominee outstanding? Any additional information or comments to further explain your reasons for recommending this nominee for this award should also be submitted as well as letters of support from others who have knowledge of accomplishments for the nominee.

If the service or contribution of this nominee is primarily in support of a county or local Chapter area it's recommended that the nominee be submitted for an award by that agency or local Chapter, this award is for statewide recognition.

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