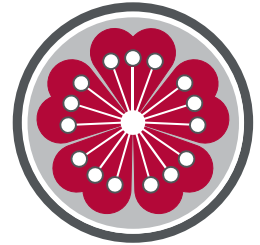


# WSU EXTENSION MASTER GARDENER ED LACROSSE DISTINGUISHED SERVICE AWARD

Description, Criteria, and Eligibility



## Award Description:

The WSU Extension Master Gardener Ed LaCrosse Distinguished Service Award recognizes someone who has had a significant statewide or broader impact on the WSU Extension Master Gardener (EMG) or has acted on behalf of the Master Gardener Foundation of Washington State (MGFWS). Nominees need not be a WSU Master Gardener.

## Award Criteria

1. Nominee has demonstrated their commitment to the WSU Extension Master Gardener Program through their length of continuing support of the Program.
2. Nominee's efforts on behalf of the WSU Extension Master Gardener Program and/or the Master Gardener Foundation of Washington State have had a significant, positive, statewide impact on the Program.
3. Nominee has distinguished themselves in their commitment to serving the EMG state-wide program and delivering positive, impactful change to the Program.

## Eligibility:

The nominee should be affiliated with the WSU Extension Master Gardener Program or a relevant organization. Nominations will be accepted from county EMG organizations, MGFWS board members and WSU Extension program leadership.



WASHINGTON STATE UNIVERSITY  
**EXTENSION**

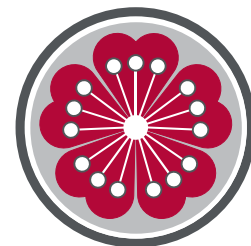


MASTER GARDENER  
**FOUNDATION**  
OF WASHINGTON STATE

WSU Extension programs and employment are available to all without discrimination. Evidence of noncompliance may be reported through your local Extension office.

**WSU EXTENSION MASTER GARDENER  
ED LACROSSE DISTINGUISHED SERVICE AWARD**

Nomination Submission Form



**Nominee**

First Name:

Last Name:

County:

Email:

Phone:

Year of EMG certification:

Is nominee aware of nomination?

Yes

No

If not an EMG volunteer, name of affiliated organization:

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In consideration of the criteria 1-3 above please respond to the statements below accordingly.

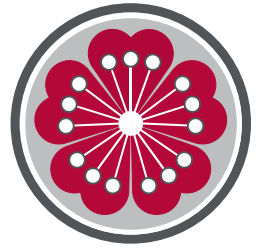
Information may be submitted on this form or on a separate document. However, it must follow the numbered format below. Please do not exceed the size of each text box when answering each question.

Attach a high-quality head and shoulder photo (2MG) of the nominee.

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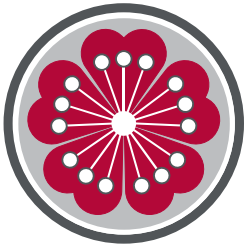
1. Please summarize the nominee's relationship to the Master Gardener Foundation of Washington State (MGFWS) and the WSU Extension Master Gardener (EMG) Program, detailing the supporting roles the nominee has played and the dates they occurred.

**WSU EXTENSION MASTER GARDENER**  
**ED LACROSSE DISTINGUISHED SERVICE AWARD**  
Nomination Submission Form



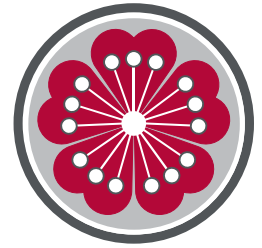
2. Please detail the nominee's major contributions, describing how they are significant, of proven value across the state, of wide breadth & deep reach, are sustainable and replicable across the state, and are expected to maintain their value for years to come.

**WSU EXTENSION MASTER GARDENER**  
**ED LACROSSE DISTINGUISHED SERVICE AWARD**  
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3. Please summarize the nominee’s overall, cumulative impact on the state-wide EMG program, presenting a compelling case that the nominee’s service to the program and/or the state foundation is distinguished and deserving of this award.

**WSU EXTENSION MASTER GARDENER  
ED LACROSSE DISTINGUISHED SERVICE AWARD**  
Nomination Submission Form



**Declarations:**

Nominator's First Name:

Last Name:

WSU Master Gardener Program affiliation:

Award year

I certify the above and attached information to be true and correct. I represent WSU Extension  
County in making this nomination for the Ed LaCrosse Distinguished Service  
Award.

Signature:

Date:

Phone:

E-mail:

**Submission:**

Please return this application by email to the MGFWS Awards Committee by July 21, 2026. Email  
completed nomination form to: [AwardsCommittee@wsumastergardeners.org](mailto:AwardsCommittee@wsumastergardeners.org)



WASHINGTON STATE UNIVERSITY  
**EXTENSION**



MASTER GARDENER  
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