

MARION COUNTY OUTSTANDING 4-H MEMBER

Name: _____ Current Age: _____

4-H Club: _____ Years in 4-H: _____

1. Have you served as an officer in your 4-H club? _____/4 pts

_____ Yes _____ No If yes, please list office and year served:

2. Have you served on a committee in your 4-H Club? _____/3 pts

_____ Yes _____ No If yes, please list committee and year served:

3. Have you given a talk/demonstration during your 4-H club meetings? _____/3 pts

_____ Yes _____ No If yes, please list titles of your presentations:

4. Have you helped organize a workshop, presentation, event, or activity for your club? _____/2 pts

_____ Yes _____ No If yes, please explain your role:

5. Have you served as a Marion County 4-H Federation officer? _____/2 pts

_____Yes _____No If yes, please list office and year served:

6. Have you served on a Marion County 4-H Federation committee? _____/4 pts

_____Yes _____No If yes, please list your role:

7. Have you attended any regional or state 4-H events? _____/2 pts

_____Yes _____No If yes, please list event and year attended:

8. Did you complete a Marion County 4-H Award Application this year? _____/25 pts

_____Yes _____No If yes, what area (s):

9. List any community service activities you have participated in during the current 4-H year. _____/5 pts

10. Describe your involvement in your 4-H project. Show evidence of growth in at least three examples of work you have completed within your project.

____/20 pts

11. Give specific examples of how you have served in a leadership capacity outside of your 4-H experience (*school, church, community, state, etc.*).

____/20 pts

12. Describe how you have served in a leadership capacity in your local 4-H club and county.

____/10 pts

13. Give specific examples of how 4-H has helped you with your leadership skills. _____/10 pts

STATEMENT OF 4-H MEMBER

I have personally prepared this form and believe it to be correct.

Date: _____ Member Signature: _____

APPROVAL

We have reviewed this report and believe it to be correct:

Date: _____ Club Leader Signature: _____
(Other than parent if applicable)

Date: _____ Parent Signature: _____

**Application due September 15th to:
University of Illinois Extension, 1404 East Main, Salem, IL 62881**

To be completed by reviewer: Total Points _____/ 100