

CHIPPEWA COUNTY 4-H TRIP/AWARD APPLICATION

Check which you are applying for.
If you are applying for both, check both:

____ CITIZENSHIP WASHINGTON FOCUS TRIP

____ 4-H KEY AWARD

____ NATIONAL 4-H CONGRESS

*Your 4-H Memory Book must accompany this application

PLEASE TYPE OR PRINT CLEARLY

Date Submitted _____ 20__

Name of 4-H Member _____ Male/Female _____

Address _____ City _____ Zip _____

Name of Parent or Guardian _____ Home phone no. () _____

Your Age on January 1 this year _____ Date of Birth ____/____/____ Years in 4-H _____
Mo Day Year (Include this yr)

Name of 4-H Club to which you belong _____

Number of members in club _____ Number of leaders in club _____

Do you have a job? Home _____ Community _____ Explain:

What are your responsibilities?

Year in school _____ Future plans:

PROJECT LISTING

List projects in which you have been enrolled and indicate years and if presently enrolled. Do not exceed space allowed. Be selective if necessary.

	Project	Units	Number of Years	Check (✓) if Presently Enrolled
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

SECTION I: 4-H LEADERSHIP
(goals, roles, accomplishments, programs, plans)

**SECTION II: MY MOST IMPORTANT 4-H PROJECT OR ACTIVITY
(Knowledge, skills, size, scope, experiences, leadership)**

NAME OF PROJECT OR ACTIVITY _____

**LEADERSHIP AND/OR TEACHING RESPONSIBILITIES YOU'VE HAD IN
THIS PROJECT OR ACTIVITY:**

**SECTION II: MY MOST IMPORTANT 4-H PROJECT OR ACTIVITY
(Knowledge, skills, size, scope, experiences, leadership)**

NAME OF PROJECT OR ACTIVITY _____

**LEADERSHIP AND/OR TEACHING RESPONSIBILITIES YOU'VE HAD IN
THIS PROJECT OR ACTIVITY:**

SECTION III: OTHER 4-H ACTIVITIES SUMMARY
(including Community Service done through 4-H)
[Please include activities and year(s) not reported elsewhere]

SECTION IV: NON 4-H ACTIVITIES
(including non 4-H Community Service)
[Please include activities along with year(s)]

APPLICATION INFORMATION

-----To be completed by the member, parent, Club Advisor-----
and returned to the Extension Office

(Member's Name)

(4-H Club)

Which trip(s)/award(s) are you applying for this year? _____

Which trips have you taken part in previously?

_____ Wisconsin 4-H and Youth Conference, year(s) _____

_____ Space Camp, year(s) _____

_____ American Spirit Leadership Program, year(s) _____

_____ National 4-H Congress, year _____

_____ Citizenship Washington Focus, year _____

_____ Other county-sponsored trip(s), year(s) _____ Please explain other trips:

If selected for any trip or award, I agree to conduct myself in an appropriate manner, cooperate with everyone in the delegation, and endeavor to learn as much as possible. I understand that a cash deposit will be required for my trip before I will be accepted as an official delegate for any of the educational trips. I also understand that if I cancel my participation without adequate time for the Chippewa County 4-H Leaders, Inc. to find a qualified alternate, my deposit may be non-refundable, so as to cover the costs incurred.

Applicant's Signature _____ Date _____

_____(name of son/daughter) has my permission to apply to be a 4-H delegate/award recipient under the above conditions. If selected, I will have him/her attend the orientation meeting and meet the agreed-upon trip/award obligations.

Parent's Signature _____ Date _____

4-H Club Advisor/Leader: A member in your club is applying for a 4-H trip/award this year. Please indicate that this member is in good standing in the local 4-H Club, and if you wish, tell why this member is deserving of a trip/award and how the member might benefit from the trip/award.

This member is in good standing in our 4-H Club. Yes___ No___

Club Advisor's/Leader's Comments:

Club Advisor's/Leader's Signature _____ Date _____