



KENOSHA COUNTY 4-H HALL OF FAME

19600 75th Street
Suite 2
Bristol, WI 53104
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Background and Purpose

The Kenosha County Hall of Fame was initiated in 2014 during the 100th anniversary year of 4-H. The purpose of the Hall of Fame is to recognize individuals who have made significant lifetime contributions of service to the Kenosha County 4-H Program. Up to 5 inductees may be chosen in a given year.

Selection Procedure and Criteria

All current, retired & deceased adult 4-H volunteers are eligible to be nominated for the Kenosha County 4-H Hall of Fame.

An applicant may be nominated by anyone. To nominate someone for this award, submit a completed "Hall of Fame" Award Nomination Form directly to the Kenosha County UW-Extension Office by October 1. All award nominations will be kept on file for 3 years to be reviewed each year. If applicant is not chosen within 3 years, the application will be returned.

The Selection Committee will be made up of 5 members. The 4-H Council will nominate committee members to the Council President who will determine the committee from this pool of names. The committee will include 1 current 4-H Youth member, 1 current volunteer, 1 current Kenosha County 4-H Council member and 2 retired volunteers.

The Award and its Presentation

The 4-H Hall of Fame award will be given annually to up to five award winners at the annual 4-H awards ceremony, held at the end of October.

Kenosha County 4-H Council, Inc.

If at all possible, please include a picture with the application.

Applications due by October 1, 2016

Forms available on internet in Word and PDF at <http://kenosha.uwex.edu>

**Hall of Fame winners will be announced at
The 4-H Awards Ceremony, October 25, 2016**



An EEO/AA employer, University of Wisconsin-Extension provides equal opportunities in employment and programming, including Title IX and American with Disabilities (ADA) requirements.

Year Submitted: _____



Kenosha County 4-H Hall Of Fame Award Nomination Form

General Nominee Information:

Name: _____ Phone #: _____

Street Address (if living): _____

City: _____ State: _____ Zip: _____

Approximate # of years of active service to 4-H: _____

(Complete this section only if nominee is deceased)

Date Deceased: _____

Family Contact Person: *Circle One:* Spouse / Son / Daughter / Other:

Name: _____ Phone #: _____

Street Address (if living): _____

City: _____ State: _____ Zip: _____

I certify the statements contained in this application are true and accurate:

Nominator's Signature: _____ Date: _____

Nominator's Printed Name: _____

Phone #: _____ E-mail: _____



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