

**WAUKESHA COUNTY 4-H AWARDS NOMINATION FORM**

**Instructions for Club Leaders and/or Club Designated Record Book Reviewers:** Complete one sheet for each recommended member and insert in front pocket or attach with paper clip to the completed Record Book when it is submitted to the County UWEX Office for all Award consideration.

**Member's Name** \_\_\_\_\_

Year in 4-H \_\_\_\_\_ Club \_\_\_\_\_ Grade just completed \_\_\_\_\_

**ME FORM INFORMATION**

1. Has member turned in a ME Form for this year? \_\_\_\_ Yes \_\_\_\_ No (Make sure correct number of copies are in the Book)
2. Has member been to State Conference as a delegate? \_\_\_\_ Yes \_\_\_\_ No
3. Has this member's ME Form been reviewed to see that it has been accurately, honestly, completely and correctly filled out? \_\_\_\_ Yes \_\_\_\_ No

**SCHOLARSHIP INFORMATION**

Has member applied for a scholarship? \_\_\_\_ Yes \_\_\_\_ No

**PROJECT MEDAL(S) OR HONOR(S)**

After the member's Record Book has been reviewed and it is found that the member has met the minimum requirements for a Project Medal or Honor, please complete the following section. Please indicate if the recommendation is for a medal or honor (must earn medal before honors).

Project (list one project per line) Medal or Honors

- |          |          |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

**CITIZENSHIP, LEADERSHIP, AND ACHIEVEMENT AWARDS**

First, review the minimum requirements for the Citizenship, Leadership and Achievement awards. (If club leader does not have the minimum requirement sheets, please check the County 4-H Website) If a member meets the minimum requirements, he/she can then be recommended on the lines below. Please check the award the member is being nominated for — a member can be nominated for all awards but an only receive on award per year. No honors for these awards.

1. Achievement \_\_\_\_ 2. Citizenship \_\_\_\_ 3. Leadership \_\_\_\_

I/We, the Organizational Leader(s) of \_\_\_\_\_ Club, make the above recommendations. Signatures of all doing the checking. \*

\_\_\_\_\_  
Date \_\_\_\_\_

\_\_\_\_\_  
Date \_\_\_\_\_

\_\_\_\_\_  
Date \_\_\_\_\_

\*If you do not agree with a particular recommendation, please state this by your signature.