

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 and attach with paper clip in 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 _____ Birthdate _____

ME FORM INFORMATION

1. Has member turned in a ME Form for this year? ____ Yes ____ No (Make sure it is in the Book)
2. Has member been to State Congress 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

SCHOLORSHIP INFORMATION

Has member applied for a scholarship? ____ Yes ____ No (Unsure? Call office to find out.)

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 check if the recommendation is for a medal or honor (must earn medal before honors).

<u>Project (list one project per line)</u>	<u>Medal</u>	<u>Honors</u>	<u>Project</u>	<u>Medal</u>	<u>Honors</u>
1. _____	_____	_____	4. _____	_____	_____
2. _____	_____	_____	5. _____	_____	_____
3. _____	_____	_____	6. _____	_____	_____

CITIZENSHIP, LEADERSHIP, AND ACIEVEMENT AWARDS

First, review the minimum requirements for the Citizenship, Leadership and Achievement awards. (If club leader does not have the minimum requirement sheets, please request them from the County 4-H Office.) 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.