

Franklin County Extension P.O. Box 307 Carnesville, GA 30521 (706)384-2843 Amhall@uga.edu

## Franklin County 4-Her of the Year Application \*\*\*\*\* APPLICATION DUE BY May 6<sup>th</sup> \*\*\*\*\*\*

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1	Last Name:			First Name:	
2.	Mailing Address: Street:				
	City:		State:	ZIP:	
3	Daytime Telephon	e Number:	Parent's	s Name:	
4	Date of Birth: Mo	onth Day	Year		
5	Current School:				Grade Level:
6	What activities have benefited you?	ve you participated	in during the 2015	-2016 school yea	r? How have these activities

	What has 4-H taught you? How has what you learned influenced your daily life?
7.	
8.	What sets you apart from other candidates for the award? Why do you feel like you are more deserving?

## County 4-H'er of the Year Awards

<b>3 categories:</b> Cloverleaf -5 <sup>th</sup> and 6 <sup>th</sup> graders Junior-7 <sup>th</sup> and 8 <sup>th</sup> graders Senior- 9-12 <sup>th</sup> graders	
All awards will be presented at t	he Franklin County 4-H Annual Awards Program.
	nat I have personally prepared this application and I certify that it accuratel the property of Franklin County 4-H and its content can be used for impac
4-H'er Signature	Parent Signature