

APPLICATION FOR COUNTY CLOVER KID OF THE YEAR

Project: _____ Date: _____

Have you ever received this county award in the past? ____ Yes ____ No ____

Name: _____
(First) (Middle) (Last)

Address: _____

Date of Birth: _____ Age as of August 31 of this year: _____

Male: ____ Female: ____ County: Cameron District: 12

Name of parent(s) or guardian(s): _____

Name of leader in this project: _____

Name of 4-H Club: _____

County Agent: _____

Number of years you have participated as a Clover Kid: _____

Note: County Clover Kid of the Year Award

1. Only 1 medal will be given out each year.
2. You can receive this award only once in your 4-H Clover Kid career.

Below please list awards and honors you have won as a Clover Kid/Pee Wee Competitor. Also write in your own words why you think you should be the Clover Kid of the Year and what you like most about 4-H.
