

4-H COUNTY PROJECT MEDAL APPLICATION FORM

Deadline - September 15th, 2025

Please print neatly – in member's handwriting only (no typing)

Form must be completed by member

NAME: _____ DATE: _____

ADDRESS: _____ CITY: _____ ZIP: _____

BIRTHDATE: _____ 4-H AGE: _____ CLUB: _____

I am applying for a County Project Medal in the area(s) of: (Limit of 4)

1. _____ 2. _____ 3. _____ 4. _____

I have previously received 4-H medals in: _____

I. **PROJECT SUMMARY** - Using the nominated project area(s), please complete the chart below. Include how many years you have enrolled in each project, whether you are currently enrolled, list any leadership activities you have done, and describe your involvement using as much detail as possible, so the selection committee will understand the variety of things you have done within each project.

Nominated Project Area _____ # Years Enrolled _____ Enrolled this year _____

Leadership Activities _____

Describe your past & present involvement in the project area _____

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II. **AWARDS and ACCOMPLISHMENTS** -List any 4-H awards/accomplishments in the project(s) described in section I.

III. OTHER 4-H ACTIVITIES - Summarize other 4-H projects and activities such as: MSU Exploration Days, county wide committees, Teen Club participation, offices held, Project RED, Cloverbud camp, workshops, community service project, mentoring, etc. Include other leadership responsibilities you have accepted in your club and county program, such as Ambassador, Teen Leader etc.

Other 4-H Project Areas or Activities _____ # of Yrs Involved _____ Involved This Year? _____

Leadership Activities _____

Describe your involvement _____

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Leadership Activities _____

Describe your involvement _____

Brief statement by 4-H leader (Please include recommendations or comments that the awards committee should consider in the space below. **DO NOT ATTACH ADDITIONAL PAGE.:**)

YOU DO NOT NEED A LEADER SIGNATURE IF YOU HAVE BEEN NOMINATED. ONLY IF YOU ARE SELF-NOMINATING!!

COORDINATING LEADER Signature: _____ **Date:** _____

Note: If Coordinating Club Leader is a family member, please have another certified club leader sign this form, (if there are no other club leaders, contact the office) and give a brief statement of the member.

I certify that all information is accurate.

Signed: _____ **Date:** _____

Signature of Member

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Return completed form to the Washtenaw County MSUE Office

Jenny Speyer, 4-H Program Instructor, 705 N. Zeeb Rd, PO Box 8645, Ann Arbor, MI 48107

Or email to speyerje@msu.edu