



*Overton County presents the  
4-H Camp Traveling  
Road Show.*

**June 18, 2021**

**7:00 a.m. - 7:00 p.m.**

**4th-8th Grade**

**Camp fee is \$40**

**Drop Off/Pick Up at the Extension Office  
Transportation provided to the Clyde York 4-H  
Center in Crossville, TN**

**Included:**

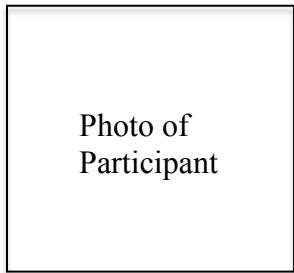
**Transportation | Snack | Lunch | Dinner  
Take-Home Pack | Shirt | Tie Dye | Gaga  
Canoeing | Zipline  
Health Rocks | Shooting Sports  
Leather Crafts | Swimming | Campfire**



**Questions?**

**Contact Nicole Marrero at  
nmarrero@utk.edu or  
931-823-2735**

**To register, please visit  
[tiny.utk.edu/tiny.utk.edu/camp2021oc](http://tiny.utk.edu/tiny.utk.edu/camp2021oc)  
Registration ends June 1**

**Activity and Event  
Acceptance Form**Photo of  
Participant*Please print*Name \_\_\_\_\_  
(Last) (First) (M.)County Overton*This form requires parent/guardian and participant signatures on the back page. Failure to have both bona fide signatures shall be sufficient to disqualify a member from further participation.*Activity and Event Acceptance Form for York 4-H Camp  
(event or activity)**A. Identification of Participant**Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Sex:  Male  Female

Parent or Guardian \_\_\_\_\_

Home Address \_\_\_\_\_  
(Street/P.O. Box) (City) (State) (ZIP)

Cell Phone (\_\_\_\_) \_\_\_\_\_ Daytime Phone (\_\_\_\_) \_\_\_\_\_ Nighttime Phone (\_\_\_\_) \_\_\_\_\_

Workplace Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
(Address/City/State/ZIP)Other Emergency Contact (if appropriate) \_\_\_\_\_  
(Name) (\_\_\_\_)  
(Address/City/State/ZIP) (Phone, if different than above)**B. Code of Conduct**

This 4-H activity or event is planned, conducted and supervised by UT and TSU Extension. All participants are responsible for their conduct to UT and TSU Extension personnel and/or 4-H volunteers supervising the activity or event. Specific guidelines for conduct include:

- A. Participants shall be in their rooms and quiet at the time determined by UT and TSU Extension personnel and volunteers. Boys are not to go into girls' rooms and girls are not to go into boys' rooms at any time unless accompanied by authorized UT and TSU Extension personnel or adult 4-H volunteers.
- B. Participants shall participate fully in all programs outlined for the activity or event.
- C. Participants shall show respect for the property and facilities used during the activity or event and assume financial responsibility for any damages they cause.
- D. Participants' conduct at all times shall be appropriate to the standards and image of the 4-H program. Tobacco products, drugs, alcohol, weapons and fireworks will not be tolerated at any 4-H event or activity.

Parents and participants understand and accept the responsibility for following the above guidelines, and realize that failure to do so may result in a participant being sent home from the activity or event at his or her own expense and/or made ineligible to participate in future 4-H events or activities.

**C. Publicity Release**

By indication of signature on the last page, participants authorize the University of Tennessee, Tennessee State University, and the Tennessee 4-H Foundation to photograph, film, audio/video tape, record and/or televise their image and voice, and biographical material, in whole or in part in any medium now known or developed in the future, without any restrictions.

## D. Health History and Medical Record for \_\_\_\_\_

(Name of Participant)

The information on this form will not be used to discriminate against a child on the basis of any disability.

Name of Family Physician \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Family Medical/Hospital \_\_\_\_\_  
 (Carrier) (Policy or Group #)

Attach a front and back copy of your insurance card below:

Insurance Card (front)	Insurance Card (back)
------------------------	-----------------------

### Check all that apply

Is participant allergic to the following drugs?:

Penicillin     Sulfa Drug     Tetracycline     Aspirin  
 Allergy to a medicine, food, plant, or insect toxin.    (Explain) \_\_\_\_\_

Asthma     Heart Trouble     Nosebleeds     Diabetes     Convulsions     Fainting Spells  
 Any condition that may require special care, diet or restriction of activities for medical reasons.  
 (Explain) \_\_\_\_\_

Does participant wear:  Dentures  Contact Lens  Other (Explain) \_\_\_\_\_

Is any medication, including behavior modification medication, being taken at the present time?  Yes  No

If yes, explain \_\_\_\_\_

Date of most recent medical examination: \_\_\_\_\_

Are you aware of any current health problems?  Yes  No If yes, explain \_\_\_\_\_

Is there any accident, illness or past/present history related to the following: (If yes, give dates and full details below.)

	No	Yes	Year		No	Yes	Year
Serious Injury/Illness	<input type="checkbox"/>	<input type="checkbox"/>	_____	Appendicitis	<input type="checkbox"/>	<input type="checkbox"/>	_____
Surgery	<input type="checkbox"/>	<input type="checkbox"/>	_____	Kidney Infection	<input type="checkbox"/>	<input type="checkbox"/>	_____
Ears, Eyes	<input type="checkbox"/>	<input type="checkbox"/>	_____	Back, Joints, Limbs	<input type="checkbox"/>	<input type="checkbox"/>	_____
Teeth, Tonsils	<input type="checkbox"/>	<input type="checkbox"/>	_____	Blood	<input type="checkbox"/>	<input type="checkbox"/>	_____
Rheumatic Fever	<input type="checkbox"/>	<input type="checkbox"/>	_____	Stomach	<input type="checkbox"/>	<input type="checkbox"/>	_____

Immunizations	Last Yr. Given	Immunizations	Last Yr. Given	Has Had (please check)
Tetanus	_____	Measles	_____	<input type="checkbox"/> Measles
Diphtheria	_____	Mumps	_____	<input type="checkbox"/> Mumps
Polio	_____	Rubella	_____	<input type="checkbox"/> Rubella
Hepatitis A, B or C (circle one/any)	_____	Varicella	_____	<input type="checkbox"/> Chicken Pox
				<input type="checkbox"/> Tuberculosis

## E. Health and Safety Investigations

On-site authorities may enter a room/facility for purposes of a search without permission of the person occupying a room in order to ascertain health and safety conditions in the room and/or for the purpose of investigating suspected violations of UT and TSU Extension/4-H Youth Development rules and regulations and/or city, state or federal law. In case of an emergency, when there is danger to a person, property or the building, no authorization is required.

## F. Consent for First Aid Treatment

Please complete this Consent for First Aid treatment form. This will allow appropriate treatment for your child in the event of minor illness or injury. Check any or all treatments, if available, as your consent. If you do not give us your permission to provide these non-emergency treatments, we will not be able to provide them to your child. Medication may be self-administered under a health care professional's or trained 4-H agent's supervision as appropriate. Conditions in parentheses are examples of the most frequent use of these medications, but may not be the sole use of the medication.

- Bausch and Lomb® eye wash or generic equivalent (*eye irritation*)
- Benadryl® or generic equivalent (*rash or bee sting*)
- Calamine lotion/Caladryl® or generic equivalent (*sunburn or poison oak/ivy*)
- Emetrol® or generic equivalent (*nausea*)
- Hydrocortisone ointment or other equivalent (*insect bites*)
- Ibuprofen (*pain*)
- Imodium AD® or generic equivalent (*diarrhea*)
- Isodettes® spray or generic equivalent (*sore throat*)
- Lanacane® spray, Solarcaine® or aloe vera gel (*sunburn*)
- Milk of Magnesia®, Mylanta®, or generic equivalent (*antacid*)
- Neosporin® or generic equivalent (*topical treatment for cuts*)
- Pepto Bismol® or generic equivalent (*upset stomach*)
- Robitussin® or generic equivalent (*nasal congestion/coughing*)
- Swimmer's ear solution (*earache*)
- Tylenol® or generic equivalent (*pain*)
- Tylenol® cold tablets or generic equivalent (*congestion*)

---

## G. Administration of Medication

Check here if your child, \_\_\_\_\_, will have medication(s) (prescription or non-prescription) and is competent to **self-administer** them under appropriate supervision.  
*(Name of Participant)*

Medications should be sent to the event or activity in the original container and include the following information: (1) Name of child, (2) Name of medication, (3) Dosage and directions, (4) Name of licensed prescriber (*if applicable*), (5) Name, address and phone number of pharmacy (*if applicable*), (6) Prescription number (*if applicable*), and (7) Date prescription was filled (*if applicable*).

If your child is a participant at one of the Tennessee 4-H Centers (Camps), you must include a **parental consent form for each medication** (prescription or non-prescription) you send with your child. Please consult your County Extension Agent for a form and more information.

## H. Emergency Medical Release

In consideration of \_\_\_\_\_ 's (*participant's name*) participation in the 4-H activity or event, I provide the following release. I understand that a health problem or a medical emergency may develop that necessitates the administration of medical care, hospitalization or surgery.

In the event of injury or illness to \_\_\_\_\_ (*participant's name*), I hereby authorize the University of Tennessee, Tennessee State University, and its representative(s) or agent(s) to secure any necessary treatment, including the administration of anesthetics and surgery.

In signing this acceptance form at the bottom of this page, I agree not to hold the University of Tennessee, Tennessee State University, or camp health care professional (or any of its representatives or agents) responsible for any side effects of medications.

I further give permission to the University of Tennessee, Tennessee State University, and its representative(s) or agent(s) to provide the medical history form to health care personnel. I authorize any physician, health care provider or any hospital to provide reasonable and necessary medical treatment or supplies. This original permission or a photo static copy thereof is equally valid as an authorization.

I recognize that the event does not provide sickness or accident insurance coverage for participants; and, I accept responsibility for payments of medical costs incurred for injuries or illnesses.

---

### Required Signatures\* - Parent/Guardian and Participant

We have provided accurate information in all areas represented on this form. We understand and agree to the expectations and procedures as stipulated in the preceding sections of this ACTIVITY AND EVENT ACCEPTANCE FORM. We understand that all of the following sections must be initialed to demonstrate our agreement and acceptance and a full, dated signature must be provided at the bottom of this page.

Parent's Initials	and	Participant's Initials	
_____		_____	<b>A. Identification of Participant</b>
_____		_____	<b>B. Code of Conduct</b>
_____		_____	<b>C. Publicity Release</b>
_____		_____	<b>D. Health History and Medical Record</b>
_____		_____	<b>E. Health and Safety Investigations</b>
_____		_____	<b>F. Consent for First Aid Treatment</b>
_____		_____	<b>G. Self-Administration of Medication</b>
_____		_____	<b>H. Emergency Medical Approval</b>

\* If for religious reasons you cannot sign this section, contact your Extension office for a legal waiver (F600C) which must be signed in order to participate.

**I have read this Release and Assumption of Risk Agreement and sign it on behalf of myself, my heirs, assigns and anyone entitled to act on my behalf.**

Signed \_\_\_\_\_ Date \_\_\_\_\_  
(Parent or Guardian Signature) (Month/Day/Year)

Signed \_\_\_\_\_ Date \_\_\_\_\_  
(Participant's Signature) (Month/Day/Year)

Programs in agriculture and natural resources, 4-H youth development, family and consumer sciences, and resource development.  
University of Tennessee Institute of Agriculture and county governments cooperating.  
UT Extension provides equal opportunities in programs and employment.  
Revised 2/14

## 4-H One Day Camp Packing List

- Closed Toed Shoes (needed for several activities)
- Flip flops
- Rain jacket
- Pool Towel
- Change of clothes, hair brush (for after the pool)
- Medicine
- Hair Tie (needed for several activities)
- Bag to Carry things there
- Money if shopping in the canteen or gift shop

### What to wear:

- Shorts/leggings
  - Leggings are more comfortable on the zipline
  - Leggings shouldn't be see through
  - Shorts should be an appropriate length
  - No Spandex Shorts
- Short Sleeve Shirt
  - No skinny straps/cut off sleeves
  - Chest should not be showing through arm holes (Applies to both guys and girls)
- Closed Toed Shoes and socks

## Special/Unique Family Situations

If your child has a unique family situation that we should be aware of that was not filled out on another form, please let us know here!

## ALLERGY ALERT!

If your child has allergies to anything (food/medicine), please write a description of it below.



Name \_\_\_\_\_

County \_\_\_\_\_

**F600M: Parental Consent Form for Self-Administration of Prescription and  
Non-Prescription Medicines at Tennessee 4-H Events**  
(place this form in a re-sealable zipper storage bag with the medication)

Before completing this form, please read the F600 form and consider the need to have your child bring this medication to the 4-H event.

I \_\_\_\_\_ parent or guardian of \_\_\_\_\_  
(Your Name) (Your child)

verify that my child is competent, and has been instructed, to self-administer the following medication:

Medication \_\_\_\_\_ Expiration Date \_\_\_\_\_

Prescribing Physician \_\_\_\_\_ Physician's Phone \_\_\_\_\_

Dosage Directions (as prescribed by the physician)

When it is given:

Breakfast  Lunch  Dinner  Bedtime  Other time: \_\_\_\_\_

Amount or dose given: \_\_\_\_\_

How it is given: \_\_\_\_\_

Other instructions: \_\_\_\_\_

Reason for Medication

\_\_\_\_\_

Possible Side Effects (if known)

\_\_\_\_\_

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

Phone Number(s): Home \_\_\_\_\_

Mobile \_\_\_\_\_

Work \_\_\_\_\_

\*This form is available online



Name \_\_\_\_\_

County \_\_\_\_\_

**F600M: Parental Consent Form for Self-Administration of Prescription and Non-Prescription Medicines at Tennessee 4-H Events**  
(place this form in a re-sealable zipper storage bag with the medication)

Before completing this form, please read the F600 form and consider the need to have your child bring this medication to the 4-H event.

I \_\_\_\_\_ parent or guardian of \_\_\_\_\_  
(Your Name) (Your child)

verify that my child is competent, and has been instructed, to self-administer the following medication:

Medication \_\_\_\_\_ Expiration Date \_\_\_\_\_

Prescribing Physician \_\_\_\_\_ Physician's Phone \_\_\_\_\_

Dosage Directions (as prescribed by the physician)

When it is given:

Breakfast     Lunch     Dinner     Bedtime     Other time: \_\_\_\_\_

Amount or dose given: \_\_\_\_\_

How it is given: \_\_\_\_\_

Other instructions: \_\_\_\_\_

Reason for Medication

\_\_\_\_\_

Possible Side Effects (if known)

\_\_\_\_\_

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

Phone Number(s): Home \_\_\_\_\_

Mobile \_\_\_\_\_

Work \_\_\_\_\_

\*This form is available online



# Overton County 4-H

Youth/Parent/ Volunteer Code of Conduct Contract

## The Purpose

The purpose of this form is to set up 4-H youth, parents, volunteers, and extension for success when participating in 4-H each year.

Our first priority is to create a safe, inclusive space for learning, sharing, and collaborating. We welcome people from diverse backgrounds, cultures, and perspectives. Diversity is a key value of 4-H.

The University of Tennessee is an EEO/AA/Title VI/Title IX/Section 504/ADA/ADEA institution in the provision of its education and employment programs and services. All qualified applicants will receive equal consideration for employment and admission without regard to race, color, national origin, religion, sex, pregnancy, marital status, sexual orientation, gender identity, age, physical or mental disability, genetic information, veteran status, and parental status.

All 4-H participants- youth, families, volunteers, and extension staff- in or attending any activity or event sponsored by the University of Tennessee's Extension program are required to uphold these values and conduct themselves according to these standards. The standards also apply to online activity, including social media and internet presence.

## Ground Rules

Overton County 4-H holds their community to a high set of standards.

As a 4-H Participant/parent/guardian, I will obey these ground rules:

1. **Create a Welcoming Environment for All.** Encourage everyone to fully participate in University of Tennessee Extension and 4-H. Recognize that all people have skills and talents that can help others and improve the community. Though we will not always agree, we must disagree respectfully. When we disagree, try to understand why.
2. **Bring Your Best Self.** Respect and follow all Cooperative Extension rules, policies, and guidelines. Youth, parents, and volunteers shall obey the Tennessee 4-H Youth Development Event and Activity Misconduct Guidelines Form F834. Conduct yourself in a manner that reflects honesty, integrity, self-control, and self-direction from other's perspectives. Accept the results and outcomes of 4-H contests with grace and empathy for other participants. Accept the final opinions of judges and evaluators. Be open to new ideas, suggestions, and opinions of others.
3. **Participate Fully.** Youth, parents, and volunteers shall participate fully in all programs outlined for the activity or event. Work cooperatively with Extension Staff, Volunteers, 4-H'ers, and all involved in 4-H programs and activities. Participate in a way

that insures the safety, well-being, and quality of the educational experiences of self and others. Have Fun! If you are unable to attend, contact the extension agent in advance. Participate in county, regional, and state activities and events as much as possible to gain a well-rounded 4-H experience. Help plan future 4-H community service projects, exhibits, workshops and demonstrations as needed.

4. **Stay up to date.** Read 4-H mail, related texts, reminds, and social media posts in a timely fashion. Respond in a timely fashion to extension agents about being involved. Check the websites (county, regional, and state), including social media, for updates on opportunities.
5. **Communicate.** Youth talk to your parents and guardians about meetings, projects and activities. Parents and guardians, talk to your youth about upcoming responsibilities in 4-H. You are responsible for keeping a current 4-H calendar of meetings and activities. It is your responsibility to meet your assigned duties and to ask for help as needed. Communicate with others about your 4-H experiences. Invite new people to meetings and provide them with the information needed to fully participate.
6. **Be a team player.** Be responsible to the reasonable requests of the people in charge. Respect the integrity of the group and the group's decisions.
7. **Create a Safe Environment.** Do not carelessly or intentionally harm youth or adults in any way (verbally, mentally, physically or emotionally). Refrain from romantic displays and sexual activities either in public or private situations. Be kind and compassionate towards others. Do not insult or put down other participants. Harassment, bullying and other exclusionary behavior are not acceptable. Be considerate and courteous of all youth and adults and their property.
  - a. Youth, parents, and volunteers shall show respect for the property and facilities used during the activity, event, or club meeting and assume financial responsibility for any damages they cause.
  - b. Report any and all accidents, physical or verbal abuse, or unsafe conditions that threaten the emotional or physical well-being of others or yourself to the Extension Agent or Volunteer as soon as possible. Volunteers and 4-H leaders are to report this to the next level of leadership.
8. **Be a positive role model.** Youth, parents, and volunteers conduct at all times shall be appropriate to the standards and image of the 4-H Program. Act in a mature, responsible manner, recognizing you are role models for others, and that you are representing yourself, the University of Tennessee, and the 4-H Youth Development Program. Be responsible for your behavior. This includes using positive and affirming language and upholding exemplary standards of conduct at all 4-H activities. Swearing, using negative language, putting others down, and demanding special privileges is setting a bad example.
9. **Be respectful to the environment.** Demonstrate the responsible treatment of animals and stewardship to the environment. Make sure places you visit are better than when you arrived.
10. **Dress appropriately.** Use your best judgement when participating. Wear clothing suited for the activity you are participating in. Clothing promoting alcohol, and other

intoxicants, or displaying messages that are racist sexist, homophobic, political or any other degrading message that detrimentally affects the dignity and respect of members of our community are never acceptable. Do not wear revealing clothing, such as short skirts or shorts, midriff-baring tops, pants with holes, and sagging pants. If an event requires specific attire that is not within your budget, the 4-H agent can help you find some from a donor. If you are unsure about what is appropriate, contact UT Extension Overton County in advance.

11. **Obey the Law.** Commit NO illegal acts. Tobacco products, illegal drug use, alcohol, weapons, fireworks, and any other item that could cause injury or bodily harm will not be tolerated at any 4-H event or activity. This includes the use of these products prior or during. This includes the distribution of these products. For adults, tobacco use must be off UT Extension Property.
12. **Adhere to program specific policies.** Each program may have additional program rules, curfews, dress codes, and policies. All involved are responsible for obeying those rules. You are responsible for all information listed in 4-H handbooks, 600a forms, and 4-H activity policies.
13. **A 4-H member, parent, or volunteer is still a 4-H member, parent, or volunteer both in and out of club meetings.** Following these guidelines is a good rule for life. You are responsible for your conduct both in and out of club meetings. Conduct yourself in a manner that makes yourself, your family, 4-H club, school, county and state proud.

All those involved in 4-H understand and accept the responsibility for following the above guidelines, and realize that failure to do so many result in the participant being sent home from the activity or event at his or her own expense and/or made ineligible to participate in future 4-H events or activities. You understand that failure to comply with these rules and/or failing to meet these expectations could result in a temporary ban, permanent ban, or removing someone from a leadership position.

## Types of Misbehavior

Violators should have the opportunity to explain actions to staff in charge of an event. Behavior that is disruptive to the event will be documented and a letter describing such will be sent to regional office, county agents, and parents/guardians of those involved. The offenses below are examples from the state level. However, clubs might set their own consequences in addition to these. Examples of offenses include but are not limited to:

### Minor Offenses

1. Habitually late to program activities.
2. Not in a room at a designated time.
3. Not demonstrating good manners or conduct described in this contract.
4. Using language that is offensive to others.
5. Not respecting the rights and privacy of others attending an activity.
6. Untruthfulness to chaperones, leaders, event organizers, or others in attendance.

7. Not abiding by dress code policies.

### Intermediate Offenses

1. Leaving a 4-H activity without permission of staff or volunteers in charge
2. Damage to a meeting site, event site, or other person's property without malicious intent.

### Major Offense

1. Intentional damage to a meeting site, event, or other person's property
2. Use of or distribution of tobacco, alcohol, vaping, drugs, or weapons.
3. Carrying an unauthorized weapon.
4. Threatening another person with verbal harm, with a weapon, or causing bodily harm.
5. Cheating
6. Sexual misconduct
7. Theft of any kind
8. Disobeying the law.

### Consequences of Misbehavior

For every offense, whether minor, intermediate or major, the 4-H member will receive a verbal reprimand. Letters of apology shall be written to the appropriate people by the violator.

### Major Offenses

- Automatic removal from event, activity, or club meeting and/or sending participant home at the parents'/guardians' expense.
- Two major offenses during the 4-H year is automatic suspension of membership in all Tennessee 4-H Youth Development programs for the remainder of the year, along with the possibility of facing criminal charges, depending on offense. In addition, 4-H member may be asked to resign from all 4-H offices or leadership roles held or give up monetary awards or scholarships from the Tennessee 4-H program.

### Intermediate Offenses

- One or two violations is grounds for removal from the event/activity and or/sending a participant home at the parents'/guardians' expense.
- Three major offenses during the 4-H year is automatic suspension of membership in all Tennessee 4-H Youth Development programs for the remainder of the year, along with the possibility of facing criminal charges, depending on offense. In addition, 4-H member may be asked to resign from all 4-H offices or leadership roles held or give up monetary awards or scholarships from the Tennessee 4-H program.

### Minor Offenses

- Consistent problems requiring more than two reprimands is grounds for sending a 4-H member home the parent /guardians' expense.
- Habitual discipline problems requiring more than four reprimands during the 4-H year is automatic suspension of membership in all Tennessee 4-H Youth Development programs for the remainder of the year, along with the possibility of facing criminal charges, depending on offense. In addition, 4-H member may be asked to resign from all 4-H offices or leadership roles held or give up monetary awards or scholarships from the Tennessee 4-H program.

### Course of Action

Club, Event, and program managers are responsible for upholding the conduct described. 4-H members and parents should report any violations to these codes of conduct in a timely fashion to either the 4-H volunteer or the 4-H Extension Agent. Volunteers are to report to the 4-H extension agent. The extension agent and county director will implement all procedures necessary.

I have read, understand, and agree to abide by Overton County's Code of Conduct and Disciplinary Procedures.

---

4-H Member's Name

---

4-H Members' Signature

Date

---

4-H Parent or Volunteer's Name

Date

---

4-H Parent or Volunteer's Signature

Date

*Please return this signed document before the first club meeting.*

# 2021 HICKS 4-H CAMP SCHOLARSHIP APPLICATION

## Required Criteria for Nomination:

- 1) 4-H member/family faces financial challenges.
- 2) 4-H member would not be able to go to camp without assistance.
- 3) 4-H member has NOT attended camp previously.

~~~~~

County \_\_\_\_\_ Camp Fee: \_\_\_\_\_

Name of 4-H Member \_\_\_\_\_ Grade \_\_\_\_\_

4-H Club \_\_\_\_\_

2019-2021 Participation in Projects, Activities, Project Groups, etc.

---

---

---

---

Please provide a brief statement as to why you believe this 4-H member should receive a Hicks Camp Scholarship, based on the criteria above.

---

---

---

---

---

---

---

---

---

---

4-H Agent Making Nomination \_\_\_\_\_

Date of Nomination \_\_\_\_\_

**Application Deadline: Monday, May 1, 2021**