



Shelby County 4-H Member of the Month Application Form



Completed applications are due to the Shelby County Extension Office by the 1st of each month.
Please e-mail a photo of you with your application.
Please complete application in blue or black in or typed.

Name: _____

Age: _____

Parents Names: _____

What school/grade are you in: _____

Years in 4-H: _____

4-H activities: _____

What do you like best about your activities: _____

Approximate GPA and class rank (if you know it): _____

List any 4-H leadership positions: _____

Favorite 4-H project and why: _____

List any other club(s) outside of 4-H you are involved with: _____

Twitter handle: _____

Other hobbies: _____

Favorite TV show(s): _____

Favorite movie(s): _____

Favorite food(s): _____

Favorite book(s): _____

Favorite musical group, or singer(s): _____

What person(s) has had the biggest influence on you: _____

Who do you admire, and why: _____

Cell phone # (for questions only): _____

Why would you like to be chosen as 4-H Member of the Month?

I understand that if I am selected, I will be expected to act according to the current Shelby County 4-H Code of Conduct that I have signed. I also understand that my picture and the information on this application will be featured in the Sentinel News and can verify that all questions have been answered correctly and truthfully.

4-H Member Signature _____ Date _____

Parent/Guardian Signature _____ Date _____