Application for County Medal Of Honor In______________________________Rank__________

Due into The Ohio State University Extension Office by 5:00 PM October 22, 2021.

Place name, address, phone number, club and signature on the BACK of this paper.

Fill out a separate application for each medal. If completing more than one application, mark which medal you wish most to receive with a "1", "2", etc., beside the name of the medal at the top of this page.

**Only the 4-H member applying for this medal may fill out this form. Hand written by member NOT typed**

Age on Jan 1 (this Year)___________________ Years in 4-H____________(including this Year)

4-H Project/activity ________________________Years in this project/activity _________(including this year)

LIST NEW THINGS YOU LEARNED/DID IN THIS PROJECT (ACTIVITY) THIS YEAR:
Only use the space provided- no additional pages.

I Learned...

_______________________________________________________________________________________________
_______________________________________________________________________________________________
_______________________________________________________________________________________________
_______________________________________________________________________________________________
_______________________________________________________________________________________________
_______________________________________________________________________________________________
_______________________________________________________________________________________________
_______________________________________________________________________________________________

I Did....

_______________________________________________________________________________________________
_______________________________________________________________________________________________
_______________________________________________________________________________________________
_______________________________________________________________________________________________
_______________________________________________________________________________________________
_______________________________________________________________________________________________
_______________________________________________________________________________________________
_______________________________________________________________________________________________
_______________________________________________________________________________________________
What would you change if you could do the project (or activity) over?

______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________
What does 4-H mean to you?

______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________

**********To be completed by the advisor**********

<table>
<thead>
<tr>
<th>Rank Member's effort:</th>
<th>Fair</th>
<th>Good</th>
<th>Very Good</th>
<th>Excellent</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Rank Member's Achievement:</th>
<th>Fair</th>
<th>Good</th>
<th>Very Good</th>
<th>Excellent</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Member is deserving of this medal of honor:</th>
<th>Not deserving</th>
<th>Somewhat Deserving</th>
<th>Very Deserving</th>
</tr>
</thead>
</table>

Comments-- Do NOT use member's name in your comments.)

______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________

I have personally filled out this form in my own handwriting.

Signed ___________________ Print Member's Name ___________________

Member's Address ___________________ Member's Phone Number ___________________

Club Name ___________________ Advisor's Signature ___________________