Application for County Medal Of Honor In ___________________________ Rank ______

Due into The Ohio State University Extension Office by 5:00PM October 21st, 2022

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...

_______________________________________________________________________________________________
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I Did....

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

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_______________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
What does 4-H mean to you?

______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________

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

Rank Member's effort:  
Fair  Good  Very Good  Excellent

Rank Member's Achievement:  
Fair  Good  Very Good  Excellent

Member is deserving of this medal of honor:  
Not deserving  Somewhat Deserving  Very Deserving

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 ________________________________