**Cloverbud Achievement Award Application Form**

**(Ages 5 to 7 as of January 1)
Due September 15**

Complete letter of recommendation ONLY IF RECORD BOOK HAS BEEN TURNED IN. ***Leaders complete the letter of recommendation***. If a parent is the leader, please find another leader in your club to complete the letter of recommendation. Place nomination inside the record book when submitting.

Name of Nominee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age (January 1): \_\_\_\_\_\_ Grade (current year): \_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone or Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 4-H Club: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Attend 50% club Mtgs. Y N

Please write a short letter of recommendation explaining why you are nominating this youth for the Cloverbud Achievement award and verify that the applicant is in good standing.

Club Leader Nominating: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_