

# 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: \_\_\_\_\_