LORAIN COUNTY 4-H YOUTH LEADERSHIP AWARD NOMINATION FORM
NOMINATIONS DUE TO EXTENSION OFFICE
SEPTEMBER 8TH

Name of Nominee:_____ # of years in 4-H (include current year):_____
Address:_____ City:_____Zip:_____
Phone:_____ 4-H Club:_____ Age (As of 1/1): ____

1. **How is this individual involved in the Lorain County 4-H program?**
   a. ***Club Officer*** - *List officer position held, and which year(s) held.*

Office Held	**Name of Club**	**Year(s)**

   b. ***Member of Other 4-H County Committees or Organization*** (i.e., Advisory Board Youth Representative, Carteens, Teen Ambassador, Camp Counselor, etc.) List committee/organization and years of involvement.

Organization	**Year(s)**

   c. ***Member of Junior Fairboard*** (Past or Present). Describe leadership roles as a board member (i.e., committee chair, officer, etc.) activities organized in those roles, and year(s) of involvement.

Leadership Role/Dept	**Activity Organized**	**Year(s)**

d. ***Leadership in Organizing/Conducting/Teaching Workshops or Clinics.*** Describe workshops/clinics directed either county wide or for local club. What was taught/demonstrated, who was in attendance, number of people in attendance, and number of times performed.

2. **What major 4-H awards has this individual won or been recognized for?**

3. **Other Leadership Experiences.** Describe leadership roles in other organizations outside of 4-H (i.e. school, church, scouts, FFA, FCCLA, etc.), and year(s) of involvement.

4. **Community Service.** Describe involvement in community service activities, leadership roles, outcome of activity (i.e. number of people served, amount of money raised, etc.), and year(s) of involvement.

5. **How is this individual involved in the state level 4-H program?**

6. **How has this youth made an impact this year?**

7. **How has this member acted to better their club, community, country, or world? If so, please explain how.**

8. **Why should this 4-H member receive a state level youth award?**

Information of person making Nomination:

Name:_____ Phone:_____
Address:_____ City:_____ Zip: _____

THIS APPLICATION WILL BE REVIEWED BY A NON-BIASED 4-H KNOWLEDGEABLE OUTSIDE SOURCE
APPLICATIONS OF WINNERS WILL BE SUBMITTED FOR STATE AWARDS.
https://ohio4h.org/about/ohio-4-h-conference