

2025 Portage County 4-H Awards & Ambassador Application



Extension
UNIVERSITY OF WISCONSIN-MADISON
PORTAGE COUNTY



NAME: _____ AGE AS OF JANUARY 1, 2025: _____

HOME ADDRESS: _____

PARENT/GUARDIAN NAME(S): _____ PHONE: _____

GRADE AS OF SEPTEMBER 2024: _____ RECORD BOOK POINTS EARNED: _____

NAME OF CLUB: _____ YEARS IN 4-H: _____

PLEASE CONSIDER ME FOR THE FOLLOWING AWARDS OR ACTIVITIES:

✓	TRIP SCHOLARSHIP OR AWARD	TRIP SCHOLARSHIP OR AWARD REQUIREMENTS
<input type="checkbox"/>	4-H AMBASSADOR*	GRADE 6 AND UP ♦ LEADERSHIP ♦ POISE ♦ 4-H KNOWLEDGE
<input type="checkbox"/>	KEY AWARD	GRADE 10-13 ♦ ≥ 3 YEARS IN 4-H ♦ ≥ 1 YEAR IN YTH LDRSHIP
<input type="checkbox"/>	LEADER OF TOMORROW	GRADE 11-12 ♦ LEADERSHIP ABILITY AND POTENTIAL

4-H AMBASSADORS MUST COMPLETE AN ADDITIONAL PAGE WITH THEIR APPLICATION. SEE REVERSE SIDE FOR DETAILS.

****APPLICATIONS ARE DUE DECEMBER 15, 2024****

PREFERRED TIME FOR INTERVIEW (CHECK ALL THAT APPLY)

- 5:00-5:30 PM 5:30-6:00 PM 6:00-6:30 PM
 6:30-7:00 PM 7:00-7:30 PM 7:30-8:00 PM

LIST PROJECTS IN WHICH YOU HAVE BEEN ENROLLED, INDICATE THE NUMBER OF YEARS ENROLLED, AND NOTE IF PRESENTLY ENROLLED.

PROJECT	YEARS	PRESENTLY ENROLLED?
1.		<input type="checkbox"/> Yes <input type="checkbox"/> No
2.		<input type="checkbox"/> Yes <input type="checkbox"/> No
3.		<input type="checkbox"/> Yes <input type="checkbox"/> No
4.		<input type="checkbox"/> Yes <input type="checkbox"/> No
5.		<input type="checkbox"/> Yes <input type="checkbox"/> No
6.		<input type="checkbox"/> Yes <input type="checkbox"/> No
7.		<input type="checkbox"/> Yes <input type="checkbox"/> No
8.		<input type="checkbox"/> Yes <input type="checkbox"/> No
9.		<input type="checkbox"/> Yes <input type="checkbox"/> No

PROJECT	YEARS	PRESENTLY ENROLLED?
10.		<input type="checkbox"/> Yes <input type="checkbox"/> No
11.		<input type="checkbox"/> Yes <input type="checkbox"/> No
12.		<input type="checkbox"/> Yes <input type="checkbox"/> No
13.		<input type="checkbox"/> Yes <input type="checkbox"/> No
14.		<input type="checkbox"/> Yes <input type="checkbox"/> No
15.		<input type="checkbox"/> Yes <input type="checkbox"/> No
16.		<input type="checkbox"/> Yes <input type="checkbox"/> No
17.		<input type="checkbox"/> Yes <input type="checkbox"/> No
18.		<input type="checkbox"/> Yes <input type="checkbox"/> No

WHAT HAS BEEN YOUR MOST SIGNIFICANT PROJECT CARRIED AS A 4-H MEMBER? DESCRIBE YOUR ACCOMPLISHMENTS IN THIS PROJECT.

HOW HAS YOUR 4-H EXPERIENCE CONTRIBUTED TO YOUR DEVELOPMENT AS AN INDIVIDUAL?

WHAT PROJECT(S) OR ACTIVITIES ARE YOU RESPONSIBLE FOR AS A YOUTH LEADER IN YOUR 4-H CLUB?

DESCRIBE IN A BRIEF STATEMENT UNDER THE APPROPRIATE CATEGORY YOUR PARTICIPATION IN 4-H ACTIVITIES AT THE CLUB LEVEL. INCLUDE OFFICES HELD, COMMITTEE ACTIVITIES, AND LEADERSHIP. LIST LEADERSHIP RESPONSIBILITIES.

DESCRIBE IN A BRIEF STATEMENT UNDER THE APPROPRIATE CATEGORY YOUR PARTICIPATION IN 4-H ACTIVITIES AT THE COUNTY, DISTRICT, AND/OR STATE LEVEL. INCLUDE OFFICES HELD, COMMITTEE ACTIVITIES, AND LEADERSHIP. LIST LEADERSHIP RESPONSIBILITIES.

WHAT ARE YOUR 4-H GOALS FOR THE NEXT TWO YEARS?

WHAT DO YOU HOPE TO LEARN BY PARTICIPATING IN THIS EXPERIENCE?

FOR THOSE APPLYING FOR 4-H AMBASSADOR: ON AN ADDITIONAL PAGE, EXPLAIN HOW YOUR 4-H EXPERIENCE HAS CONTRIBUTED TO YOUR DEVELOPMENT AS AN INDIVIDUAL. TELL WHY YOU WANT TO BE CONSIDERED FOR THE PORTAGE COUNTY 4-H AMBASSADOR PROGRAM AND WHAT YOU COULD CONTRIBUTE TO IT. *LIMIT YOUR RESPONSE TO ONE PAGE.*

GENERAL LEADER RECOMMENDATION

I CAN VERIFY THAT THE INFORMATION IN THIS APPLICATION IS ACCURATE.

GENERAL LEADER'S SIGNATURE (OR EMAILED ACKNOWLEDGEMENT): _____

GENERAL LEADER COMMENTS:

**RETURN FORM TO: PORTAGE COUNTY UW-EXTENSION, 1462 STRONGS AVE, STEVENS POINT, WI 54481
APPLICATION MAY ALSO BE E-MAILED TO: lisa.henriksen@wisc.edu**

APPLICATION IS DUE DECEMBER 15, 2024

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