

# Standards of Recognition

## Niagara County 4-H Cloverbud Application

*Due to 4-H office by first Friday in September*



Level Applying For: \_\_\_\_\_

Name: \_\_\_\_\_ 4-H Age: \_\_\_\_\_

Club Name or Individual: \_\_\_\_\_

Projects	Project Area	Exhibited Y or N

Community Service	Hours	Date

Activities	Activities

Public Presentation (List Topic, Date & Location)

\_\_\_\_\_  
Youth Signature                      Date

\_\_\_\_\_  
Parent/Guardian Signature                      Date

\_\_\_\_\_  
4-H Educator Signature & Date

• • •