

Clovers for Community

Community Service Award Cover Sheet

Individual entry

Club/Group entry

Name _____ Age _____

(of individual or contact person for group)

Address _____

City _____, VA Zip _____

Phone #_(_____)_____ E-

mail _____

Date(s) of Project _____

Project title and brief description

Club/group members participating in project. Attach additional pages if necessary.

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Name _____ Age

Check here if you would like to display a poster related to your project at State 4-H Congress. (We would like all entries to display a poster at Congress; however, the top three in each category will be notified before Congress and expected to display a poster at Congress.)

Check here if you will be at Congress to receive award. If club/group, enter the name of person designated to accept the award: _____

Signature of 4-H member

Signature of 4-H Leader

Signature of 4-H Agent _____ Unit
