



EASTERN STATES 4-H TEEN APPLICATION

Selection is based on the information provided in this application, the interview and the recommendation letter.

PLEASE USE ONLY THE LINES PROVIDED ON THIS APPLICATION. DO NOT ADD PAGES.

Name _____ Phone _____

Address _____ Zip _____

County _____ Club Name _____

Number of years as a 4-H member _____ Number of years as a horse 4-H member _____

Birth date _____ Age as of January 1 of this year _____

How many members in your club? _____ Have you attended as a Teen Leader? ___ yes ___ no

Have you attended Eastern States previously with a horse? ___ yes ___ no If yes, year(s) _____

Why does the position of Teen Leader at Eastern States interest you?

What do you think will be expected of you as a Teen Leader at Eastern States?

List your qualifications for either position: _____

All information on this application is accurate to the best of my knowledge.

Signature of Applicant

Date

If _____ is approved to participate in the horse show at the New England 4-H program this year, I will assume the responsibility for transportation and give my permission for his/her participation.

Signature of Parent/Guardian

Date

This application must be reviewed and signed by your local 4-H leader and your county office.

Signature of local 4-H leader

Date

Leaders-By your signature, you approve this application and certify the 4-H member is a member in good standing and has met all horse project requirements.

Signature of 4-H Educator

Date

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