Return your application to your local RVD Extension Office by **Friday, July 19th.**

Name: __________________________________________________________

Parent/Guardian Name(s): __________________________________________

Year in School (2019-2020): ___________________ Number of Years in 4-H: _______________

Applicant’s E-mail Address: _________________________________________

Applicant’s Cell Phone #: ___________________ Name of 4-H Club: ___________________

Please use the space provided, do not enclose additional pages.

Which project or activity did you enjoy the most while being a 4-H Ambassador this previous year, and why?

Is there a community event or opportunity you would like to see the 4-H Ambassador’s become involved (or more involved) in during the upcoming year.

What is something you could, personally, improve upon as a 4-H Ambassador this year?
Name one time while being a 4-H Ambassador where things did not go as planned, and how you and/or others adapted to the situation?

Statement by 4-H Member:

I have personally prepared this application and believe it to be true.

__________________________________________  ____________________________
4-H Member Signature  Date

__________________________________________  ____________________________
Parent/Guardian Signature  Date

Kansas State University is committed to making its services, activities and programs accessible to all participants. If you have special requirements due to a physical, vision, or hearing disability, contact John Forshee, District Director, at 785-632-5335.

Kansas State University Agricultural Experiment Station and Cooperative Extension Service
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