Return your application to your local RVD Extension Office by **Tuesday, September 1st**.

Name: 

Parent/Guardian Name(s): 

Year in School (2020-2021): 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.

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

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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.

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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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