

San Benito County 4-H Emerald Star Application

(Must be submitted to the County Office by the 10^{th} of the month at least 3 months prior to event.)

PHONE:	EMAIL:		· · · · · · · · · · · · · · · · · · ·	
PARENT PHONE:	PARENT EMA	AIL:		_
CLUB:	AGE:	GRADE:	STAR RANK:	
Proposed Project Date:	Application Date: _		Approval Date:	
Describe the project that	t you would like to complete	e for your Em	nerald Star project.	
				
2) What resources will you	use?			
3) What will the participant component?)	ts learn and do in this projec	ct? (What is	the learning component? What is the servi	ce
4) Shift Gears: What are so overcome those challeng		ne way of acl	hieving your goals? What can you do to	

5)	How do you feel you are prepared to conduct this project?						
- /	, , , , , , , , , , , , , , , , , , ,						
6)	6) What do you think you will learn while completing this project?						
7)	Is this your first Emorald Star project? If not, how does it differ from your provious project/s\?						
7)	Is this your first Emerald Star project? If not, how does it differ from your previous project(s)?						
Signed:							
	Supervising 4-H Leader (should be someone other than your parent)						
C '							
Signea:	Emerald Star Applicant						
	Efficiald Star Applicant						
Lundor	stand and support my son (daughter in corming out this program						
runders	stand and support my son/daughter in carrying out this program.						
Signed:							
o.g.i.ca.	Parent/Guardian						
Approv	ed: 4-H Youth Development Advisor						
	4-H Youth Development Advisor						
•							
Approv	ed: Incentives and Recognition Committee						
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