

TELLING OTHERS ABOUT YOUR EXPERIENCE

COMPLETION OF THIS FORM IS REQUIRED TO RECEIVE COUNTY SCHOLARSHIP FUNDS. FORM TO BE TURNED INTO EXTENSION OFFICE WITHIN 10 DAYS OF YOUR RETURN FROM THE TRIP OR EVENT.

NAME OF EVENT ATTENDED: _____

LOCATION & DATE OF EVENT: _____

WHO SPONSORED EVENT: _____

WAS THERE AN EVENT THEME? _____

DID YOU ATTEND WORKSHOPS? IF SO, NAME AND DESCRIBE YOUR EXPERIENCE:

WAS THERE A PARTICULAR LEADER, MEMBER OR HAPPENING THAT INSPIRED YOU? TELL US MORE ABOUT IT. _____

WHAT DID YOU ENJOY MOST ABOUT YOUR EXPERIENCE? _____

DESCRIBE IN MORE DETAIL YOUR INDIVIDUAL EXPERIENCES DURING THIS EVENT. WOULD YOU ENCOURAGE OTHER 4-H MEMBERS TO ATTEND THIS EVENT? WHY OR WHY NOT?

