

Name	Phone Number			Email		
Address	City			State	Zip	
	,					
Club		Region/Cour	nty			
Was the nominee a 4-H member?				Number of years	s of service or support to 4-H:	
NO. YES, where						
Please select all awards in which yo	u wish to nomina	te the pers	on lis	ted above for	:	
☐ First-Year Man		П	Frie	nd of 4-H Aw	ard	
☐ First-Year Woman	□ Zim			merman Award		
☐ Saline County 4-H State Fai	Saline County 4-H State Fair Farm			ank Graham Volunteer Leadership		
Family			Awa			
 Project Leader of the Year 				-	d Missouri 4-H: Hall of	
Club Leader of the Year			Fam	e		
□ Synergy Award						
Please include enough information	for a press release	e. Email su _l	pport	ing document	ts with this form.	
Relationship to 4-H:						
Describe significant contributions	to 4-H:					
What is the scope of the contributiof commitment; impact on 4-H; impact on the program or did position	oact on the comm	unity, pro	-		_	
List significant 4-H activities:						
Community roles other than 4-H:						
Submission of This Report	mombor and in hali	d to be some	and a-	curato		
This is to verify that this report is the work of the Nominated by	: member and is believed	Signature	anu aci	curate.		
Club		Email				