



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.

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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