**4-H MAIN LEADER RECOMMENDATION FORM**

**4-H Main Leader (other than parent):**

The 4-H member listed below is applying for a scholarship to participate in a 4-H educational travel opportunity or award. Your evaluation is an essential part of this member’s application. Please complete the form and send DIRECTLY to the address above by:

 **October 12** for Space Camp

 **February 20** for Wisconsin 4-H & Youth Conference

**DO NOT** give completed form back to the member.

If you have any questions, please contact Tami at (920) 849-1450 or tami.gasch@ces.uwex.edu.

|  |  |
| --- | --- |
| Recommendation form for (name of applicant):  |   |
| Name of person completing recommendation form: |   |
| Trip member is applying for scholarship to attend: |   |

As part of the process for selecting youth for Calumet County Scholarship Awards, the selection committee is seeking recommendation and information for each candidate. Please provide us your input, to the best of your ability, regarding the following areas:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Excellent** | **Good** | **Fair** | **Poor** | **Unknown** |
| Leadership qualities |[ ] [ ] [ ] [ ] [ ]
| Maturity |[ ] [ ] [ ] [ ] [ ]
| Participation in 4-H program |[ ] [ ] [ ] [ ] [ ]
| Responsibility |[ ] [ ] [ ] [ ] [ ]
| Positive attitude |[ ] [ ] [ ] [ ] [ ]
| Will positively represent the 4-H program |[ ] [ ] [ ] [ ] [ ]

Based upon participation, is this member a good candidate for the scholarship to attend this educational experience?

[ ]  Yes [ ]  No If no, why not?

Date: \_\_\_\_\_\_\_\_\_\_ 4-H Main Leader Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Calumet County 4-H is a program of the Calumet County UW-Extension.*