Dixon County 4-H Clover Kid Award Application



Name	
Birth Date	Grade in School (Fall 2024)
Address	City
Phone # Paren	it Name(s)
In the space provided below, please write, in you The 4-H Story may include, but is not limited to information, what projects you enrolled in, what success/failure stories, goals met/unmet and ho sheet of paper with supporting materials on it. Sawards, and other materials relating to your 4-H articles/pictures and make sure the pictures do include more than one page of supporting materials.* ** Each Clover Kid completing a Clover Kid applications.*	your name, age, grade, parent/sibling t you learned, your favorite 2024 4-H memory, bw/ why, etc. Please also include one 8 1/ x 11" Supporting materials may include pictures, H projects. Please do not include newspaper not overlap with one another. Please do not

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Date
CLOVER KID SIGNATURE:
I have reviewed this application and believe it to be correct:
Date
PARENT/GUARDIAN SIGNATURE:

Dixon County 4-H

UNL Extension – Dixon County 57905 866 Road Concord, NE 68728 (402) 584-2234

