

Outagamie County Extension Attn: Educational Travel Experience 3365 W. Brewster Street Appleton, WI 54914 920-832-5122 www.outagamie.extension.wisc.edu



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 1 for Space Camp, American Spirit, Citizenship Washington Focus or National 4-H Conference **February 1** for Explore WI, Summer Academy, National 4-H Congress, Key Award or Advanced Space Camp

<u>DO NOT</u> give completed form back to the member.

If you have any questions, please contact Alicia at (920) 832-5122 or alicia.schroederhaag@wisc.edu

Recommendation form for (name of applicant):

Name of person completing recommendation form:

Trip member is applying for scholarship to attend:

• • • •	•	nestly and accurately compl ive any points for this sect	eted application). <i>Please check one of</i> <i>ion.</i>	the
Excellent	□ Good	□ Satisfactory	□ Not Satisfactory	
check one of the	•	nber will not receive any p	e scholarship to attend the trip? Please pints for this section. <u>No need to writ</u>	
🗆 Yes 🗌] No If no, v	vhy not?		
				_
Date:	_ 4-H Main Lea	ader Signature:		_
		Thank you!		
			ion provides equal opportunities in employment a and Section 504 of the Rehabilitation Act requiren	