





JEWELS OF 4-H APPLICATION Due Date: FRIDAY, July 14, 2023

NO INTERVIEW REQUIRED

I am applying for a:			_ 10 th year
	(please check mark	year applying for)	
Name:			Age:
4-H Club/Group:		County/District:	
EMail Address:		Phone Number:	
Cooke County 4- member in good s Achievement Bar A member may o Applicants must t	H Program. In order to restanding and they must haquet in the year in which all receive each mileston	, 5 th , and 10 th years of me eceive this award, a 4-H is have met the requirement in they are eligible to rece the award once throughout tion to the Extension office	member must a s to attend the ive the pin. t their 4-H career.
Signed:			
4-H Member			Date
Signed:Parent/Guardian			Date
Signed:4-H Leader (other than parent/g		nardian signing above)	Date
Signed:			
4-H Agent			Date