



Franklin County Extension  
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## Franklin County 4-Her of the Year Application

**\*\*\*\*\* APPLICATION DUE BY May 6<sup>th</sup> \*\*\*\*\***

|    |  |                |
|----|--|----------------|
| 1  | Last Name:   | First Name:    |
| 2. | Mailing Address:<br>Street:<br><br>City: State: ZIP: |                |
| 3  | Daytime Telephone Number:                            | Parent's Name: |
| 4  | Date of Birth: Month Year                            |                |

|  |  |
|--|--|
|  | <p>2015-2016 school year? How have these activities benefited you?</p> |
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|----|--|
|    |  |
| 7. | <p>What has 4-H taught you? How has what you learned influenced your daily life?</p>                         |
| 8. | <p>What sets you apart from other candidates for the award? Why do you feel like you are more deserving?</p> |

