



Name:	Club:	
Project Area for Competition:		
Date submitted:		

Junior Division of the York County 4-H Keystone Recognition Form

Welcome to the Keystone Recognition Program. This application is your ticket to recognition at the County 4-H Achievement Day. Junior level competition includes 4-H members 8-13 years old, as of January 1 of the current year.

Criteria:

- 1. Please print in blue or black in or type the application. You may download the form from the Penn State Cooperative Extension website, and type in your responses. However, you must keep the same format and include all information as printed in the original, including the Affirmative Action Statement.
- 2. List your answers in the spaces provided. Do not add extra pages.
- 3. If typing, please double space and use a font size of 10 or larger.
- 4. Complete this application and turn into the Extension Office by the announced date in the 4-H Clover Press.

You may download a pdf version of this application at http://extension.psu.edu/york/programs/4-h/4-h-forms

However, you need to follow the layout as provided. Do not add extra pages.



YORK COUNTY 4-H/YOUTH DEVELOPMENT PROGRAM JR. KEYSTONE RECOGNITION APPLICATION SCORE SHEET

Project Application & Project Summary (pages 3 & 4)	10 points
Question 1 (page 5)	20 points
Question 2 (page 5)	20 points
Question 3 (page 6)	20 points
Question 4 –Story (page 7)	25 points
One completed recommendation form must accomp	any application (page 8-9)
	5 points
TOTAL SCORE:	100 points
Initials of judge:	
Comments by Judge:	

Statement of Nondiscrimination

The University is committed to equal access to programs, facilities, admission, and employment for all persons. It is the policy of the University to maintain an environment free of harassment and free of discrimination against any person because of age, race, color, ancestry, national origin, religion, creed, service in the uniformed services (as defined in state and federal law), veteran status, sex, sexual orientation, marital or family status, pregnancy, pregnancy-related conditions, physical or mental disability, gender, perceived gender, gender identity, genetic information, or political ideas. Discriminatory conduct and harassment, as well as sexual misconduct and relationship violence, violates the dignity of individuals, impedes the realization of the University's educational mission, and will not be tolerated. Direct all inquiries regarding the nondiscrimination policy to Dr. Kenneth Lehrman III, Vice Provost for Affirmative Action, Affirmative Action Office, The Pennsylvania State University, 328 Boucke Building, University Park, PA 16802-5901; email: kfl2@psu.edu; Tel 814-863-0471.

PENNSYLVANIA 4-H/YOUTH DEVELOPMENT PROGRAM

KEYSTONE RECOGNITION APPLICATION

Name			
Address		County	
City	State	Zip	
Male Female Years in 4-H	Phone Number	()	
Age as of January 1 of this year	Date of Birt	ch//	
Name of Parent(s) or Guardian(s)			
Name of 4-H Club(s) or Program(s)			
Name of 4-H Leader(s)			
What School do you attend?	Gra	de	
I have personally prepared this application as	nd believe it to be acc	curate.	
Date/ Member's Signature _			
My signature below indicates that I have reaccertify that this individual is a current and ac Program, and I approve this application for s	ctive member of the 4	-H/Youth Development	
Date/ Parent's or Guardian's Sig	nature		
Date / / Local 4-H Leader's Signat	ture		

PROJECT SUMMARY

In this section, list the 4-H projects you are enrolle the project and unit level.	ed in this year. Include the complete name of
If you have been in 4-H more than one year, pleas in each of the previous two years.	se list the 4-H projects that you have completed
Year	Year
	

Question 1

Please list the 4-H presentations and show and tells you have given the last 3 years. Tell us if you presented to groups other than 4-H (church, school, scouts...). What did you learn about yourself from your public speaking experiences? (Only write or type in the space provided.)

Question 2

Tell us about the committees you served on in your 4-H club(s). Share with us if you are an officer in your club and what you learned, what you liked and what you would like to do over to do a better job. (Only write or type in the space provided.).

Question 3

Describe your **two** most important community service experiences from the current or two previous years. Limit your response to **one half of this page**.

Story Instructions

1. Attach a one-page story telling about the project area you are applying for. What did you do, like, dislike, learn from this project, etc. Different projects should have stories related to each project. If you are applying for Outstanding Junior or Senior, please tell about how your 4-H experiences have helped your make a difference in your club or county 4-H program, school or community; and how those experiences will help you contribute to your future & a better society in the future. If you are applying for Rookie award, please tell about your experiences thus far in 4-H and what you have learned & what you like about 4-H. Please use only one side of one page, and type your response if possible. All typed responses should be double-spaced.

4-H STORY





College of Agricultural Sciences

PENNSYLVANIA 4-H/YOUTH DEVELOPMENT PROGRAM KEYSTONE RECOGNITION RECOMMENDATION FORM

RECOMMENDATION FOR
(4-H Member)
The individual indicated above is submitting an application for recognition in the York County 4-H/Youth Development Keystone Recognition Program. One of the requirements of the application is the inclusion of one completed recommendation form from an individual who has an understanding of the applicant's involvement in school and community activities. Your responses to the following questions will provide valuable input as the committee makes decisions regarding Pennsylvania's Keystone Winners.
How long have you known the applicant?
What has been the nature of your involvement with, or in what context have your known the applicant?
Describe the contributions the individual has made in the 4-H/Youth Development Program and the school or community in what he/she lives.

Indicate the applicant's leadership qualities, both those currently exhibited and future potential.
Please indicate other qualities, strengths, or special talents that you believe the applicant possesses.
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Print name of person submitting recommendation
AddressPhone
Signature of person submitting recommendation
Date / /