

SCIOTO COUNTY 4-H FOOD & FASHION BOARD APPLICATION
YOU MUST BE 14 YEARS OLD AS OF JANUARY 1, OF CURRENT YEAR, TO APPLY

Due at the OSU Extension Office by May 25th

The 4-H Food & Fashion Board gives leadership to 4-H clothing and nutrition programs in Scioto County through educational programs and services. Board members expand their knowledge of the clothing and nutrition area through additional learning experiences. Membership will be limited to a maximum of 12 participants.

MEMBERSHIP REQUIREMENTS

To be a member, one must have one prior year of 4-H sewing or nutrition experience and be 14 years old by January 1 of the current year. Members must carry a clothing or nutrition project while on the Board.

Members are permitted to miss no more than 3 scheduled meetings and activities during the year. Members will be selected by the 4-H Home Economics Committee. Committee members will review these applications and have the option to request advisor recommendations and/or interviews with potential members before finalizing their selections.

NAME _____

ADDRESS _____

_____ ZIP _____

AGE (as of Jan. 1) _____ PHONE _____

PARENT'S NAME _____

YEAR IN SCHOOL _____

CLUB _____

List all 4-H Clothing & Nutrition projects which you have taken:

PROJECT	YEAR TAKEN	PROJECT GRADE
1. _____		
2. _____		
3. _____		
4. _____		

ATTACH ADDITIONAL SHEET IF NECESSARY - continued on back

Revised 2002

How many years have you participated in the Style Revue _____

List any special award you have received at Style Revue or Nutrition Revue and for any clothing and nutrition related organizations in which you have participated:

List your special talents or hobbies (art, speech, etc.):

Write (fifty words or more) why you would like to be a member of the Scioto County 4-H Food & Fashion Board.

List your ideas or suggestions for Food & Fashion Board programs or activities:

Advisor's Signature _____

I understand that the Food & Fashion Board is a commitment and will support my daughter/son in fulfilling her/his responsibilities.

Parent's Signature _____

For Office Use Only: Date Received: _____
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