

ACROSS COUNTY LINES 4-H MEMBERSHIP GUIDELINES

1. Any youth who wishes to join 4-H in Scioto County, but does not permanently reside in Scioto County, must submit an application for membership by the county deadline of March 1 of the current 4-H program year.
2. Applications are available from the advisors project requirements, the local OSU Extension office or the OSU Extension Website at <http://scioto.osu.edu>
3. The completed application should be sent first to the Extension Office located in the county the youth wishes to engage membership.
4. The 4-H Agent in the county of request will then review your request with the 4-H Agent in the youth-s county of residence.
5. Scioto County requests will be screened according to Ohio 4-H Rules and county policies. Please be aware that any change motivated by perceived competitive or sale advantage, any change due to controversial issues, or other similar motivations will be automatically rejected.
6. Applications must be received in Scioto County by **March 1** of the current 4-H year in order for the youth to compete in the Scioto County Fair. The youth must also meet any other animal identification deadlines or guidelines specific to their project to establish their eligibility. If approved, applications received after March 1 will be eligible for all 4-H activities **except** project exhibition and competition at the Scioto County Fair and Ohio State Fair.
7. Youth may be considered for 4-H membership in Scioto County if they attend a school in Scioto County, or their custodial parent or guardian, permanently resides in Scioto County. Special circumstances beyond these two situations must be documented in detail on the application and will be considered on a case by case basis. **Proof of such residency or enrollment must accompany their application. A letter from the school or post office in the child's name is appropriate. Applications without such documented proof or those missing information will be ineligible for consideration.**
8. The Scioto County 4-H Educators will submit appropriate applications to the 4-H Committee for approval each year. Scioto County head club advisors will be notified of the potential member-s approval or disapproval. Applicants approved for membership to neighboring counties will be referred to the 4-H Educator in the county of request.
9. Once approved, no further applications are required.
10. Questions concerning the *Across County Line* application process should be forwarded to the Scioto County Extension Office, 602 Seventh Street, Room 7, Portsmouth, Ohio 45662 or phone 354-7879.

REQUEST FOR 4-H MEMBERSHIP ACROSS COUNTY LINES



Applications are due to the OSU Extension office by **March 1 of the current year.**

(This form is to be submitted by all youth who wish to belong to 4-H in any county other than the county where they live.)

Steps to follow:

1. Complete the form fully and attached required documentation. Incomplete forms or documents will result in the application not being considered.
2. Send to the OSU Extension office in which 4-H membership is being requested ("County of Request").
3. The 4-H Educators in your "County of Residence" and the "County of Request" will review your request. Please be aware that Ohio 4-H rules state that "any change motivated by perceived competitive or sale advantage, any change due to controversial issues, or other similar motivations will be automatically rejected".
4. The 4-H Educator in the "County of Residence" will respond to you with the joint decision.

Date of Request _____ School District Attended _____

County of Request _____ County of Residence _____

Name _____ Age _____ Phone _____

Address _____ City _____ Zip _____

PREVIOUS MEMBERS ONLY:

Years in 4-H _____ What counties _____ Projects taken _____

ALL APPLICANTS

What projects will you be taking during the coming year? _____

Why are you seeking 4-H membership outside of your county of residence? _____

Club Requested to Join _____

Requested Club Advisors Signature _____ Date _____

Address _____ Phone _____

Signature of Applicant _____ Date _____

Signature of Parent/Gaurdian _____ Date _____

For Office Use Only

____ Approve with restrictions as follows:
____ Not approved

Signature of Educator _____ Date _____

Signature of Educator _____ Date _____