

Name \_\_\_\_\_  
Club \_\_\_\_\_  
Date \_\_\_\_\_

## HUMBOLDT COUNTY 4-H EMERALD STAR APPLICATION FORM

1. **GOALS AND OBJECTIVES:**

A. Explain what you plan to do. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B. Why do you feel this project is important? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

C. What will your audience learn from your project? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

D. What will you gain from the experience? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

E. Explain how your project relates to or supports 4-H in our county. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. **WHAT RESOURCES WILL YOU USE?** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. **WHAT METHOD WILL YOU USE TO COMPLETE THE PLAN ( e.g. FIELD DAY, CLUB VISIT, SLIDE SHOW, ETC.) ?** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Emerald Star Applicant

\_\_\_\_\_  
4-H Club

I understand and will support my son/daughter in carrying out this project.

\_\_\_\_\_  
Parent/Guardian

This member should be considered for the Emerald Star Program.

\_\_\_\_\_  
Community Club Leader

Approved to start.

\_\_\_\_\_  
Emerald Star Committee

*Leader recommendation is to be sent to the 4-H Office under separate cover by the deadline shown below. It is applicant's responsibility to follow up on the request.*

Due in 4-H Office \_\_\_\_\_