|  |  |  |
| --- | --- | --- |
|  |  |  |
| **Arkansas 4-H Report Form** |
| *Before completing this form, please read ALL instructions.* *Please type or print.* |

|  |  |  |  |
| --- | --- | --- | --- |
| Project |       | Year |       |
|  |
| State Initiative (Check One) |  |  |  |
|  |
| [ ]  Healthy Living: Mind  | [ ]  Community Action | [ ]  Plants & Agriculture |
| [ ]  Healthy Living: Body | [ ]  Fine Arts | [ ]  Environmental Science & Energy |
| [ ]  Personal Development | [ ]  Animal Science | [ ]  Engineering & Technology |
|  |
| Number of years enrolled in the project |       | Number of years enrolled in 4-H |       |
|  |
| Name |       |
|  |
| Name you want used in publicity |       | Gender: [ ]  Female [ ]  Male |
|  |
| Home Address |       |
|  |
| Zip Code |       | County |       | Phone |       |
|  |
| Date of Birth MM/DD/YYYY |       | Age as of January 1 of year record book is due. |       |
|  |
| Grade in school on January 1, this year |       | Year of high school graduation |       |
|  |  |  |  |
| *The purpose of the following is only to gather statistics and determine compliance with Civil Rights Laws* |
|  |
| Ethnic Origin: | [ ]  African American [ ] American Indian/Alaskan Native [ ]  Asian [ ]  Hispanic |
|  | [ ]  Mixed [ ]  White  |
|  |
| Name of 4-H club or group |       |
|  |
| Name of parents or guardians |        |
|  |  |
| **Statement by Member** |
|  |
| I personally certify that this report accurately reflects my work: |
|  |
| Date |       | Signature of 4-H Member |  |
|  |  |  |  |
| Date: |       | Signed (Parent/Guardian) |  |
|  |
| Date: |       | Signed (Local Volunteer 4-H Leader |  |
|  |
| Date: |       | Signed (County Extension Agent |  |
|  |
|  |  |  |  |
|  |