Wabaunsee County 4-H Independent Study 4-H Member Application

This application is to be written and submitted by January 1st to the Wabaunsee County Extension Office. A copy should be given to the Adult Mentor. A copy is to be kept by the member. The member's copy will be turned in at the end of the 4-H program year as part of the final report; it is due to the Wabaunsee County Extension Office by the first Monday in October.

Re-enrollment in succeeding years will be based on the completion of the required Independent Study Year-End Completion Form and approval by the Wabaunsee County Extension Board.

Name:	Phone:
Address:	E-Mail:
City, State, Zip:	
Name of Mentor:	
Mentor's Phone Number:	E-Mail:
1. PROJECTS (attach additional sheet PROJECT # 1 Project Goals (Things I want to acco	
1.	
2.	
3.	
4.	
5.	
6.	
PROJECT # 2	
,	implish this year; must complete at least three goals)
1.	
2.	
3.	
4.	
5.	
6.	

PROJECT # 3	
Project Goals (Things I want to accomplish this year; m	nust complete at least three goals)
1.	
2.	
3.	
4.	
5.	
6.	
PROJECT # 4	
Project Goals (Things I want to accomplish this year; m	nust complete at least three goals)
1.	
2.	
3.	
4.	
5.	
6.	
PROJECT # 5	
Project Goals (Things I want to accomplish this year; m	nust complete at least three goals)
1.	
2.	
3.	
4.	
5.	
6.	
2. CITIZENSHIP and COMMUNITY SERVICE GOAL (Ways I plan to provide service for or with other individuals an beyond. Must complete a minimum of one):	
1.	Estimated Date:
2.	Estimated Date:
3.	Estimated Date:
4.	Estimated Date:

	ADERSHIP GOALS				
(Ways	I plan to improve my lea	dership skills):			
	1.				
	2.				
	3.				
	4.				
4. I w	vill assist at the follo	owing county events (must check	mark and assist with at lea	st	
	event): Contact Extens r 4-H Calendar at Wabau	ion Office for further details in order to be nsee.ksu.edu for details.	involved in the listed events. Refer t	0	
	4-H Day				
	Spring Livestock Day				
	Spring Swine Show				
	Fair Set-up				
	Fair Clean-up				
	☐ Fair Junior Superintendent				
	Other (Please indicate)				
	to consider the star				
ı agree	to complete this plan:	Member's Signature	 Date		
		5			
I appro	ove this plan:				
		Mentor's Signature	Date		
I suppo	ort this plan:				
		Parent/Guardian Signature	Date		