



Orange County 4-H Member Standards of Excellence Award Application

UF | **IFAS Extension**
UNIVERSITY of FLORIDA



Cloverbud
5-7 years old

Name: _____ **4-H Age:** _____

Club(s): _____

	Completion Date	Leader Signature
Show and Tell Activity	_____	_____
Attend 2/3 Club Meetings	_____	_____
Exhibit something made in 4-H	_____	_____
Completed Cloverbud Project Summary	_____	_____

Parent Signature / Date

Participant Signature / Date

