



Grant County 4-H Leaders Association
916 East Elm St., Suite A
Lancaster WI 53813
608-723-2125

REFERENCE FORM

Name of 4-H Member: _____

As part of the Grant County 4-H scholarship selection process, each applicant must include two recommendations. You have been asked to complete one of the required recommendations. Please provide your input regarding the following areas:

	<u>Unknown</u>	<u>Poor</u>	<u>Fair</u>	<u>Good</u>	<u>Excellent</u>
• Leadership qualities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
• Maturity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
• Participation in 4-H program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
• Responsibility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
• Positive attitude	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
• Will positively represent the 4-H program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please provide additional comments of why the candidate is a worthy 4-H scholarship recipient. Use additional space or a separate sheet if necessary.

Print Your Name: _____

Title: _____

Signature: _____

Date: _____

RETURN THIS FORM TO THE ADDRESS ABOVE BY MARCH 1.