



## APPENDIX I

### Macomb County Friend of 4-H Award Nomination Form

Name of individual/group: \_\_\_\_\_

Number of Years partnering with 4-H: \_\_\_\_\_

Name of contact person: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Submitted by: \_\_\_\_\_ Club: \_\_\_\_\_

“Friends” may be nominated annually for this award. Complete the information on this sheet and attach as a cover sheet to your nomination. Please state how the Macomb County 4-H Program has benefited from their involvement. You may use up to two single-sided pages to make an effective case for your nomination. Use a 10-point or larger font, single spaced, Times New Roman or Arial, leaving one inch margins all around.