



APPENDIX F

Macomb County Individual Community Service Award Nomination Form

Nominee: _____

To Be Completed by the Club Leader: Please initial each statement.

____ Records indicate this nominee has completed the required hours of community service.

____ Records indicate this nominee has been a member of the 4-H Club for two years and has attended the required number of Club Meetings.

Club Leader's Signature: _____

*This form should be the last page of the candidates' application.