



4-H Mark Of Excellence
County Submission Form
11 – 12 Year Old Essay Contest Representatives
to be completed by County 4-H Staff

County: _____

Staff Contact: _____

1st County Mark of Excellence Recipient:

Name: _____

Address: _____

Phone: _____

Parent/Guardian Name(s): _____

2nd County Mark of Excellence Recipient:

Name: _____

Address: _____

Phone: _____

Parent/Guardian Name(s): _____

Be sure to include:

- * Media Release Form for each participating youth, plus 2 copies (3 total)
- * Original essay plus 2 copies (3 total)

Signature of County Staff: _____ Date: _____

Please return this form to the Mark of Excellence State Coordinator
~ Deadline February 15th ~