

## **Macomb County Friend of 4-H Award**

The Macomb County Friend of 4-H Award recognizes individuals and organizations who are not 4-H members, but who have demonstrated a commitment to 4-H by making contributions to a Macomb County 4-H club or to the Macomb County 4-H program on a recurring basis. This contribution may consist of use of facilities, donation of materials or services, or direct financial support. One recipient for the year will be recognized at the annual Macomb County 4-H Awards Event.

The deadline to nominate an individual or organization for a Macomb Friend of 4-H Award is 11:59 p.m. on October 15.

### **Age Requirements**

Adult Award, individual or organization

### **Awardee Receives**

Awardee(s) will be recognized at the Macomb County 4-H Awards and Recognition Event and will receive a plaque.

### **Nomination Instructions**

Any 4-H member, adult screened volunteer, or Extension staff may nominate an individual or organization for this award.

### **Nominator and Nominee Information**

Name of individual submitting nomination: \_\_\_\_\_

Email address of individual submitting nomination: \_\_\_\_\_

Name of individual or organization being nominated: \_\_\_\_\_

**Section #1**

Be sure to use a word processing program to type out your nomination and then copy and paste it into the box below. There is no limit to how many words you can use, just make sure there is sufficient explanation for the nomination.

Describe how this individual or group has contributed to the success and development of the Macomb County 4-H Program. How has an individual club, program, or Macomb County 4-H as a whole benefited from this involvement?

**Section #2**

Autobiography (Maximum 200 words). Write a biography in third person that summarizes your nomination and the nominee's 4-H involvement. This summary will be used to introduce award winners during the County Awards and Recognition Event.

**Signature**

I have completed this nomination with accuracy and honesty to the best of my knowledge and ability.

Signature of individual submitting nomination: \_\_\_\_\_

Date: \_\_\_\_\_



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