



# Shiawassee County 4-H Cloverbud Pin Application

Sponsored by the Shiawassee 4-H Council

**Application due January 5, 2026**



Cloverbuds Name: \_\_\_\_\_ 4-H Age (as of 1/1/25) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Email: \_\_\_\_\_ Phone #: \_\_\_\_\_

Current 4-H Club(s): \_\_\_\_\_

Completed years in 4-H: \_\_\_\_\_ Grade in School: \_\_\_\_\_

This form is to be completed by the member.  
However, an adult or teen may assist a member by writing what the youth dictates.

I, \_\_\_\_\_ assisted this youth member in completing this awards application.

Print Assistants Name

Assistants Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Cloverbud Pin: (Ages 5-7) I have been enrolled in the 4-H Program as a Cloverbud and have completed at least one year. I am eligible for the Cloverbud Pin.  
You may only receive this pin once.

1.) Did you work in the 4-H Foodstand this year? Circle One YES NO

2.) What did you like most about 4-H this year? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3.) What is a goal you have for next year in 4-H? \_\_\_\_\_

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This next section to be completed by 4-H Leader or Adult

LEADER COMMENTS:

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Email address:

Phone Number: \_\_\_\_\_

I have reviewed this form and believe it to be accurate.

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4-H Leader or Adult Signature

Date \_\_\_\_\_

If you have any questions regarding the completion of this application, please contact Shiawassee 4-H Council at 989-743-2251 or email [shiawassee4hcouncil@gmail.com](mailto:shiawassee4hcouncil@gmail.com).

This application must be submitted by January 5, 2026, to  
Shiawassee 4-H Council 149 E Corunna Ave, Corunna, MI 48817  
or to the email above.