

## “H-Award” Nomination Form

### Nominator Information

- Name:
- Phone Number:

### Nominee Information

- Name:
- 4-H Age:
- 4-H Club:
- Circle the “H-Award” category will you be nominating this 4-H member for:

Head

Heart

Hands

Health

- If you could describe this 4-H member in one word what would it be?
- Please explain why you believe this 4-H member should receive this award? Please highlight specific characteristics they exemplify. (Attach additional pages as necessary.)