**2020 National 4-H Healthy Living Summit Application for Delaware**

**Washington, D.C. - February 13-16, 2020**

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| **Type your answers in the shaded areas.** | | | |
| First name |  | Last Name |  |
| Street |  | City/State/Zip Code |  |
| County |  | Date of Birth |  |
| Gender |  | Years in 4-H |  |
| Age January 1 this year |  | Age today |  |
| Home phone |  | Parent’s work phone |  |
| Your cell phone |  | Your E-mail address |  |
| Mother’s name |  | Father’s name |  |
| Name of 4-H Club  (if applicable) |  | T-shirt Size |  |
| Name of school |  | Grade in school |  |
| Do you have any food allergies? | Yes No | Do you have any special assistance needs? | Yes No |
| Food allergy explanation |  | Special assistance needs explanation |  |
| What career path do you plan to pursue? | | | |
| *Ethnicity/race is requested for reporting purposes only to USDA****.*** | | | |
| Ethnicity | Hispanic  Non-Hispanic | Race | White  Black  Asian  Am. Indian/Alaskan Native |

**Statement by Teen Applicant**

I have personally prepared this report and certify that it accurately reflects my work and ideas. I agree to return to my community to implement a healthy living project with the other National 4-H Healthy Living Summit participants from Delaware.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of 4-H Member: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Approval of this Report**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of Parent or Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of Local 4-H Leader (not a parent): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of County 4-H Agent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Deadline: December 15, 2019**

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| **Type (or cut and paste) your answers in the text box.** |

1. ***4-H MEMBERS PROJECT SUMMARY*** (Include all projects for all years)

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1. ***PARTICIPATION SUMMARY*** (Include all school, community or 4-H programs, activities, events, contests, etc.)

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1. How do you think Delaware 4-H rates on Healthy Living initiatives? What are we doing right? What could be improved?

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1. Why does Healthy Living matter to you?

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1. If you were given a $10,000 opportunity grant to do something related to Healthy Living in 4-H and/or your community, what would you do?

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