**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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