



## 2022 National 4-H Healthy Living Summit Application for Delaware Washington, D.C. - February 10 - 13, 2022

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 1, 2021

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

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

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

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

D. Why does Healthy Living matter to you?

E. 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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