**Family & Community Health Project Completion Form**

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CLUB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ GRADE (2018 – 2019): \_\_\_\_\_\_\_\_\_\_\_\_\_

Number of Years in 4-H: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number of Years in Project: \_\_\_\_\_\_\_\_\_\_\_\_\_

Projects Completed (circle all that apply):

|  |  |  |  |
| --- | --- | --- | --- |
| Consumer Education | Fashion & Interior Design | Foods & Nutrition | Health & Personal Safety |

1. What activities have you participated in related to your project(s) (contests, workshops, tours, etc.)?

2. What leadership, community service, and/or citizenship activities have you done related to your project(s)?

3. What are the most important things you learned this year from your project(s)?

4. If you plan to participate in this project next year, what goals would you set for yourself and your project(s)?

|  |  |
| --- | --- |
| 4-H Member Signature | Date |
|  |  |
|  |  |
| Parent/Guardian Signature | Date |
|  |  |

*\*ONLY ONE FORM PER BIG 5 PROJECT AREA CAN BE SUBMITTED FOR RECOGNITION AT THE AWARDS BANQUET\**