

CONFIDENTIAL - DO NOT SHOW TO 4-H MEMBER ME-LA FORM

4-H MEMBER'S NAME



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LEADER'S RECOMMENDATION:

(STATEMENT TELLING WHY YOU FEEL THIS CANDIDATE IS WORTHY OF CONSIDERATION FOR AWARD.) THIS MAY BE A GENERAL LEADER, PROJECT OR ACTIVITY LEADER OR MAY REPRESENT THE OPINION OF A COMMITTEE. IF A COMMITTEE RECOMMENDATION, PLEASE INDICATE.

**RETURN THIS FORM BY SEPTEMBER 30, 2009 AT
3 PM TO:
ASHLAND COUNTY EXTENSION OFFICE
201 W. MAIN STREET, COURTHOUSE, RM 107
ASHLAND, WI 54806-1652**

LEADER'S SIGNATURE:

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