

**GOLD MEDAL NOMINATION FORM  
GEAUGA COUNTY 4-H  
Due October 1**

Form must be completed in its entirety in order for nominee to be considered for award. It is important that answers are clear and legible. May attach and label pages as needed.

**NAME OF CLUB:**

\_\_\_\_\_

**NAME OF NOMINEE:**

\_\_\_\_\_

Age (as of January 1<sup>st</sup>): \_\_\_\_\_ Years in 4-H: \_\_\_\_\_

Years enrolled in project area of nomination: \_\_\_\_\_

Category of nomination:

\_\_\_\_\_

**NAME OF NOMINATING ADVISOR:**

\_\_\_\_\_

phone number \_\_\_\_\_

**A. Citizenship/Leadership:** Please list at least 2 member=s services and/or leadership roles in each of the following categories. Specify different examples for each category. If there are more than two in any area, please list the two you think are most important. (20%)

Club:

1. \_\_\_\_\_

2. \_\_\_\_\_

Community:

1. \_\_\_\_\_

2. \_\_\_\_\_

Project Area:

1. \_\_\_\_\_

2. \_\_\_\_\_

**B. Club Participation:** Rate the member=s attitude and level of participation in club activities on a scale of 1 - 5, with 5 being the highest. Give specific examples of how the member excelled in this area. (20%)

\_\_\_\_\_

\_\_\_\_\_

**C. Growth in Subject (Project) Area:** How did the member demonstrate growth in the subject (project) area? (40%)

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**D. Member=s Growth:** Please rate member in the following areas. (1 - 5, with 5 being the highest) (20%) How did member meet this criteria? Give a specific example of each.

Gain in Personal Skills: 1 2 3 4 5  
example

Gain in Technical Knowledge: 1 2 3 4 5  
example

Accomplishments Beyond Project/Club Requirements: 1 2 3 4 5  
example

Effort to Share Knowledge/Skills Learned: 1 2 3 4 5  
example

Ability to Initiate new Activities: 1 2 3 4 5  
example

Effort to Follow Through on Activities: 1 2 3 4 5  
example

Desire to Pursue Project Area in the Future: 1 2 3 4 5  
example

Please attach a short paragraph on a 4x6 index card summarizing the individual's accomplishments, which may be read at the Member Recognition Ceremony.

\_\_\_\_\_  
**Advisor's Signature:**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Advisor's Signature**

\_\_\_\_\_  
**Date**