

Dear 2019 Ohio 4-H Out-bound Traveler Applicant,

Thank you for your interest in traveling overseas with Ohio 4-H!

Before completing this application, you **MUST** read the document on the Ohio 4-H website entitled “**Instructions and Requirements for Completing the 2019 Outbound Youth Traveler Application.**”

We look forward to receiving your application, 3 references and 1st payment (amount varies by country – please see the instructions) by November 30, 2018. If possible, please advise us of your intent to apply in advance, to help us with planning.

Please note that although passport information and the Medical Form are included within this packet, these two items are not due until March 1, 2019. (See the “Instructions” for more information.)

IMPORTANT:

Find the application at our website:

www.ohio4H.org/youth/international

This is a fillable form and should not be hand-written. You must FIRST save this document to your computer and give it a name you’ll remember. Then, locate and open the saved document to begin typing into the fields. You’ll need Adobe Reader to complete the form. If you don’t have this program, you can download it for free here: <https://get.adobe.com/reader/>

Save frequently!

***EMAIL the finished application and your photos to: thalheimer.1@osu.edu**

***MAIL your 1st payment and reference forms to: Mary Lynn Thalheimer, Ohio 4-H International Programs, 2201 Fred Taylor Dr., Columbus, OH, 43210**

Thank you!

Ohio 4-H International Programs





STATES' 4-H INTERNATIONAL EXCHANGE PROGRAMS

2019 OUTBOUND TRAVEL DELEGATE APPLICATION

Full Name: _____ State: _____
 (First name) (Last name)

Instructions: Indicate country(ies) for which you are applying. In the program choice row, indicate the order of preference (1-4). Finland & Costa Rica have minimum & maximum group size nationwide. Final acceptance announced in January 2019.

STOP! Before completing this application, you MUST refer to the "Instructions for Completing the 2019 Outbound Youth Traveler Application" found on our website. Thank you for following our instructions carefully.

| Program | Japan 2-month June 12 - August 8 | Japan 1-month July 7 - August 8 | Finland June 26 - July 27 | Costa Rica June 20 - July 19 |
|--|-------------------------------------|------------------------------------|------------------------------|---------------------------------|
| Program Fee | \$3,875 | \$2,725 | \$2,300 | \$1,575 |
| Airfare Estimate* | \$2,150 | \$2,150 | \$1,450 | \$1,050 |
| Your Program Choice Ranking | | | | |
| Organization | LABO | LABO | Finnish 4-H | Costa Rica 4-S |

*Airfare estimates depend on home departure airport.

Due Dates (see "Instructions" document on Ohio 4-H website for more details):

November 30: **First national payment*** due with application:
*\$2,000 for Japan 2-Month ... \$1,500 for Japan 1-Month ... \$1,500 for Finland ... \$1,000 for Costa Rica. Check will not be deposited until applicants are notified of acceptance in January**.*

February 1: **Second national payment*** due: *Amount varies - see Instructions*

March 1: **Medical Form and Passport copy** due

April 15: **Final national payment***** due: *Amount varies - see Instructions*

May 1: **Ohio 4-H Program Payment** due: *Amount varies - see Instructions*

**first and second payments pay for airfare and part of the program fee.*
***should applicant not be accepted, the first program payment will be returned.*
****final payment pays for the rest of the national program fee; includes any scholarships received and any additional costs (unaccompanied minor, travel agent fee, etc.).*

Application Checklist: *Only fully completed applications will be accepted.*

- | | | |
|---|---|---|
| <input type="checkbox"/> Basic Information | <input type="checkbox"/> References | <input type="checkbox"/> Short Answer Questions |
| <input type="checkbox"/> Health & Allergy Information | <input type="checkbox"/> Comprehensive Release Form | <input type="checkbox"/> Cultural Project |
| <input type="checkbox"/> Introduction to Host Family | <input type="checkbox"/> Photos | <input type="checkbox"/> First Payment: |
| <input type="checkbox"/> Airport Selection | <input type="checkbox"/> Essay | * \$2,000 for Japan 2-month |
| <input type="checkbox"/> Additional Information | <input type="checkbox"/> Letter to Host Family | * \$1,500 for Japan 1-month |
| | | * \$1,500 for Finland |
| | | * \$1,000 for Costa Rica |

Cancellation & States' 4-H Policies:

- If you are NOT selected: Full refund.
- If you ARE selected but then must cancel: Before January 31 (refund minus \$300); After January 31 (no refund).
- Airfare is non-refundable once issued (airline credit may apply, airline regulations vary). Tickets are issued in mid-February.
- Only fully-paid delegates will be allowed to travel or come to the departure orientation.
- No donor checks are accepted at the States' 4-H Seattle office. Donors must send checks directly to the delegate.

Signature of parent/legal guardian _____

Print parent/legal guardian's name _____

Date _____

Email one photo of yourself and one photo of your family along with your application by Nov. 30 to Mary Lynn Thalheimer: thalheimer.1@osu.edu

We will then insert your photos onto this page.



STATES' 4-H INTERNATIONAL EXCHANGE PROGRAMS

2019 OUTBOUND DELEGATE APPLICATION

1. Basic Information:

Email one head-shot photo of yourself by Nov. 30 to: thalheimer.1@osu.edu

We will then insert your photo here.

FULL LEGAL NAME: _____

Exactly as printed in passport (First) (Middle) (Last)

If applying for passport later, apply with the name exactly as written above

Name you prefer to be called: _____

Gender: _____ Age (as of departure date): _____ Birth Date (mm/dd/yy): _____

Grade (for 2018-19): _____ T-shirt Size (adult): _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

County: _____ Home Phone: _____

Applicant's Cell Phone: _____ (Only used for communication during domestic travel)

Applicant's Email: _____

PARENT / LEGAL GUARDIAN:

Guardian #1 Name: _____ Relationship to applicant: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

E-Mail: _____ Occupation: _____

Guardian #2 Name: _____ Relationship to applicant: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

E-Mail: _____ Occupation: _____

Sibling(s) – name, gender, and age: _____

EMERGENCY CONTACT: (other than the adult(s) listed above)

Name: _____ Relationship: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

2. Health & Allergy Information:

The formal medical form is not due until March 1. However, please fill out this section with any/all applicable conditions. Be as specific as possible. Follow up questions may be asked. Attach an additional page, if needed.

ALLERGIES: List all food and non-food allergies and indicate the severity, any reactions, and medication, if any, for each.

| Type of Allergy | Severity (1 mild – 5 severe) | Allergic Reaction(s) (explain severity) | Medication?* | Additional Information: |
|-----------------|---------------------------------|--|---------------------------|-------------------------|
| | | | (If yes, name and dosage) | |
| | | | | |
| | | | | |

*is the applicant able to take medication on their own, or will they need reminders from host family?

HEALTH CONCERNS: List physical/mental conditions, both mild and severe. Please be comprehensive and include any details about diagnosed depression, anxiety, etc. in order for us to best support applicants during the program.

| Condition/Illness | Additional Information the Host Family should be aware of: | Name of Medication* | Dosage (mg.) |
|-------------------|--|---------------------|--------------|
| | | | |
| | | | |
| | | | |

Please note that common ADD/ADHD medications such as "Adderall", are illegal in Japan. Make sure all of the medication you plan to bring is legal in the country to which you are traveling.

- a. Any recent injuries or surgeries we should be aware of? If yes, provide a brief description: _____
- b. Are there any physical activities you are restricted from doing? If yes, list all: _____

3. Introduction to Host Family:

SMOKING:

- ☐ Non-smoking family **only** ☐ Acceptable if family member smokes outside ☐ A smoking family is acceptable

ANIMALS:

- ☐ Placement in a home with any type or size of pets/animals is okay with me.
- ☐ Although I am mildly allergic to the following animals, it's okay for me to be placed with them: _____
- I am ☐ strongly allergic to or ☐ afraid of the following animals. I cannot be placed with them: _____

DIET:

- a. Do you have any special dietary needs or restrictions (check all that apply)?
☐ Vegetarian ☐ Vegan ☐ Gluten Free ☐ Soy Free ☐ Dairy Free ☐ Kosher ☐ Halal ☐ Other: _____
- b. If you checked at least of one the boxes above:
 List what you can eat: _____
 List what you cannot eat: _____
- c. Any other special dietary needs or restrictions? _____

INTERESTS & HOBBIES: Check as many boxes as may apply to you.

What activities do you enjoy?

- ☐ Studying ☐ Shopping ☐ Hiking ☐ Camping ☐ Nature/Outdoors ☐ Movies ☐ Swimming ☐ Cooking ☐ Handicrafts
☐ Museums ☐ Listening to music ☐ Gardening ☐ Bicycling ☐ Painting/Drawing ☐ Boating ☐ Reading ☐ Writing ☐ Dancing
☐ Singing ☐ TV ☐ Computers ☐ Video games ☐ Musical instruments (types: _____) ☐ Animals (types: _____)
☐ Sports (types: _____) ☐ Other activities: _____

Your personality characteristics:

- ☐ Tidy ☐ Curious ☐ Shy ☐ Emotional/Sensitive ☐ Cheerful ☐ Quiet ☐ Patient ☐ Talkative ☐ Laugh a lot ☐ Sociable
☐ Open-minded ☐ Serious/Diligent ☐ Other: _____

What do you usually do in your free time?

- ☐ Movies ☐ Museums ☐ Reading ☐ Studying ☐ Shopping ☐ Participate in Sports ☐ Spectator of Sports Events
☐ Other: _____

What type of TV programs do you enjoy watching?

- ☐ Educational ☐ Adventure ☐ Game shows ☐ Musicals ☐ News ☐ Comedies ☐ Drama ☐ Movies ☐ Sports ☐ None
☐ Other: _____

What kind of books do you enjoy reading?

- ☐ Science fiction ☐ Classics ☐ Non-fiction ☐ Mysteries ☐ Poetry ☐ Textbooks ☐ Humor ☐ Fiction ☐ Anime
☐ Other: _____

What type of music do you enjoy?

- ☐ Classical ☐ Show-tunes ☐ Popular ☐ Folk ☐ Country & Western ☐ Jazz ☐ Rock ☐ Rap ☐ Hip-hop ☐ None
☐ Other: _____

What qualities do you value most in people?

- ☐ Loyalty ☐ Kindness ☐ Patience ☐ Honesty ☐ Intelligence ☐ Sense of humor ☐ Decisiveness ☐ Politeness
☐ Other: _____

Religion (optional): _____

Please list some of your other hobbies & interests: _____

Please list some things about the hosting country and its culture that you find interesting: _____

HOST FAMILY REQUEST:

☐ Any host family assigned is acceptable.

☐ I request to be hosted by (we cannot guarantee that the preferred host family will be available):

Choice #1 Family Name: _____ Organization: _____

Address: _____

Phone: _____ Email: _____

Choice #2 Family Name: _____ Organization: _____

Address: _____

Phone: _____ Email: _____

If the above host family(ies) is(are) not available, any host family assigned is acceptable (if yes, check here). ☐

4. Additional Information:

a. Family Insurance Carrier: _____ ID#: _____ Group #: _____
(Participants are responsible for expenses beyond the coverage of the exchange program's insurance policy.)

b. I am currently involved in 4-H activities: No ☐ Yes ☐

c. When is your last day of school for 2018-2019 (mm/dd/yy)? _____

d. When is your first day of school for 2019-2020 (mm/dd/yy)? _____

TRAVEL EXPERIENCE:

a. Have you flown domestically before? ☐ Yes ☐ No Internationally? ☐ Yes ☐ No

b. Please list any international travel experience.

| Country | Length of Stay | Dates/Year | Purpose (tourist, study, etc.) |
|---------|----------------|------------|--------------------------------|
| | | | |
| | | | |
| | | | |

c. Do you have a current passport?

☐ Yes – Submit a copy of photo page (with signature). The passport must be valid for three (3) months after the intended return travel date. Check the expiration date and renew, if needed.

☐ No – Apply in advance, see the "Instructions" document for details.

AIRPORT SELECTION:

Which local airport would you prefer to use? Please list **only** the airports you can actually use this summer. In the event that your preferred airport is not feasible, please note that an alternative airport within 100 miles of the listed ones may be chosen at States' 4-H's discretion. Departure could be as early as 5AM and return could be as late as midnight. *NOTE: In general, airfare is more expensive when you choose smaller airports. **Note to S4H: Please check with Mary Lynn before assigning our airports, since our group MAY all travel together from one airport.***

1. Airport Name _____ 3 Letter Airport Code _____

2. Airport Name _____ 3 Letter Airport Code _____

HOSTING EXPERIENCE:

a. Have you hosted any international exchange students before? ☐ Yes ☐ No

If yes, what year and through which organization(s) did you host? (Please list all.)

b. If you have hosted a Japanese delegate (month-long youth or chaperone OR year-long youth) through 4-H in the past (2016 or before) and are applying for Japan Outbound program, fill in the list below. You may be eligible for Hosting Grant (for **Japan Outbound** applicants only). List from oldest to the latest.

| Japanese Participants' Name(s) | Year | Length of Stay (two weeks, a month, or a school year) | Organization (Labo) |
|--------------------------------|------|---|------------------------|
| | | | |
| | | | |
| | | | |
| | | | |

***State Coordinators ONLY:** Please verify the record and initial here _____

c. Are you interested in hosting next year? ☐ Yes ☐ No ☐ Not sure

FOREIGN LANGUAGE SKILLS: *Please indicate: Excellent - Good - Fair - Poor - None.*

| Language | Reading | Writing | Speaking | Comprehension | Years Studied |
|----------|---------|---------|----------|---------------|---------------|
| | | | | | |
| | | | | | |
| | | | | | |

5. References:

STOP! You MUST read the separate "Instructions" document before completing this section!

Name: _____ Position-Title/Relationship: _____

Email: _____

Phone: _____

Name: _____ Position-Title/Relationship: _____

Email: _____

Phone: _____

Name: _____ Position-Title/Relationship: _____

Email: _____

Phone: _____

6. **Essay:** Please write 2-3 paragraphs for each of the following questions. Attach an additional page if you need more room.

a. Why are you interested in participating in this exchange?

b. What does being an engaged, globally conscious person mean to you? How will you grow as a leader during this program and how might your worldview be affected?

7. **Letter to Host Family:** Either handwrite or type a letter to your host family introducing yourself, your family, and your interests. Describe the activities you would like to do together. This letter will be your future host family's first chance to get to know you.

- 9. Cultural Project:** Please include short written description of a cultural project to share with your host family (feel free to include pictures or drawings). The project can be in any form and on any topic. For instance, previous delegates have prepared their favorite food dish or taught their favorite game/sport and played it with their host family.

You should also be prepared to leave a "hard copy" of your project with your host family. For instance, write down the recipe for the dish you prepare or the instructions to the game you teach them. The main goal is for you to share a piece of American culture with your host family and new friends... and to have fun!

- 10. Post Project:** In what ways will you share your experience with others once you return home? How will you remain involved in 4-H and in cross-cultural opportunities?



States' 4-H International Exchange Programs 2019 Comprehensive Release Form

TRAVEL RELEASE/AUTHORIZATION

I/we, the parent(s) and/or legal guardian(s) of _____ (full name), hereby grant permission for my/our child "the delegate" to travel and participate in the States' 4-H International Exchange Program "States' 4-H."

I/we agree to accept the flight itinerary that States' 4-H arranges for the delegate. I/we agree to pay the cost for any deviations from this flight schedule caused by the delegate's personal actions. States' 4-H (Board, staff, and volunteers), partner Land Grant Institutions (their personnel and volunteers), and the international partner organization shall have no liability if the delegate voluntarily or otherwise withdraws or is dismissed from the program. Furthermore, I/we understand that program fees, airfare, and travel agent fee must be paid in full by the established deadlines in order for the delegate to participate in the exchange. In the event that the international partner organization cancels the program due to unforeseen circumstances, delegates will receive a refund for any payments made and may reapply to a different outbound program, except airfare may be non-refundable or airline credit may apply.

MEDICAL RELEASE

I/we hereby authorize the representatives of States' 4-H, the States' 4-H Board, international partner organization(s) or the parents of the family assigned as hosts for my/our child, to make arrangements for my/our child's welfare, including transportation in the event of an emergency, and for whatever emergency medical care may be deemed necessary for my/our child's welfare, while participating in this program. I/we grant permission to release information regarding my/our child's health to any individual designated by States' 4-H.

INSURANCE AGREEMENT

I/we will be provided Sickness and Accident Insurance information for the company chosen by States' 4-H. I/we acknowledge that this coverage is secondary insurance and supplements any primary sickness and accident insurance that my/our family may have. I/we understand that this insurance provides coverage for accidents, injuries, or illnesses that occur and are treated while the delegate is out of the Home Country. I/we understand that the insurance coverage is limited (\$250,000 maximum medical expense per person; does not cover any preexisting condition) and that I/we are responsible for any medical expenses above and beyond those identified in the Insurance Plan Summary, including coverage determined to be in excess of *reasonable and customary*, as defined by the insurance provider. **Program insurance does not cover pre-existing conditions nor the treatment of mental and nervous disorders.**

The delegate agrees to follow the States' 4-H Safety Guidelines at all times. I/we understand that the Safety Guidelines are based on insurance coverage rules and exclusions. If the delegate is injured while participating in a prohibited activity, I/we will be responsible to pay for the resulting medical bills.

LIABILITY RELEASE

This liability release covers the time period from when the delegate departs his/her home state until he/she returns to his/her home state. While under the sponsorship of States' 4-H, the delegate may not participate in any high-risk activities including, but not limited to, the following:

- hunting
- paintball
- mountaineering & rock climbing
- scuba diving
- jet-skiing
- water skiing
- snorkeling
- bungee jumping
- hang gliding
- glider riding
- parachuting
- parasailing
- hot air ballooning
- sky diving
- driving
- motorcycle/motor scooter driving/riding
- operating motorized lawn equipment
- operating farm equipment
- driving/riding motorized recreational vehicles
- driving/riding all-terrain vehicles
- horse racing
- spelunking

I/we, the undersigned, authorize the delegate to participate within the program guidelines established by States' 4-H. I/we hereby release States' 4-H (Board, staff, and volunteers), partner Land Grant Institutions (their personnel and volunteers), the international partner organization, program chaperones, and host families past and present from any and all current and future claims, losses, expenses, charges, costs and/or causes of action for loss of property, personal injury, illness, accident or death sustained by the delegate during the time he/she is a participant in the program.

I/we agree to supply the delegate with spending money to cover his/her personal needs and expenses for the duration of the program and return home. I/we understand and agree that States' 4-H is not responsible for the delegate's money or personal property, whether lost or stolen, while he/she is participating in the program.

I/we certify that all information provided in the Outbound Delegate Application is correct and complete, including medical history. I/we also understand that any changes in the information provided, including but not limited to changes in the delegate's medical history or condition, must be reported to States' 4-H immediately. I/we understand that withholding information and/or providing incorrect information and/or not reporting changes after the medical form has been submitted are grounds for possible termination from the program and repatriation at my/our expense with no refund of program fees.

PHOTO/MEDIA RELEASE

I/we grant States' 4-H and its representatives, the States' 4-H Board, international partner organization(s), and 4-H clubs unlimited permission to copyright and use, publish, and republish for purposes of advertising, public relations, trade, or any other lawful use, information about my/our

child and reproductions of my/our child's likeness (photographic or otherwise), whether or not related to any affiliation with 4-H, with or without my/our child's name. I/we hereby waive any right that I/we may have to inspect or approve the copy and/or finished product or products that may be used in connection therewith or the use to which it may be applied.

CODE OF CONDUCT

The following are the terms of participation for States' 4-H. Delegates are expected to observe the following during the entire exchange period.

1. Delegates must abide by the laws of the host country, host state, and hosting organization.
2. Delegates must show respect for 4-H and all program staff in the U.S. and abroad and obey their instructions.
3. Delegates must obey host family rules about things such as, but not limited to, curfews and household chores. Delegates may not have guests in the host family's home without their host parent's permission.
4. Delegates should talk to their State Coordinator, Program Chaperone, or appropriate organization staff concerning problems they are having and avoid speaking of their host family's private affairs to community members and friends.
5. Delegates may not change host families without approval.
6. Delegates must always be aware of their responsibilities as an exchange participant and make a determined effort in their host family.
7. Delegates must not participate in any sexual contact or sexual activity, including possessing or viewing pornographic material.
8. Delegates must not take any action that may change the nature or course of their life, e.g. getting married, changing religion, etc.
9. Delegates are not allowed to purchase or use a firearm.
10. Delegates may not possess or use drugs except those prescribed by a licensed physician or over-the-counter medications such as aspirin.
11. Delegates are not permitted to purchase or drink alcoholic beverages.
12. Delegates are not permitted to smoke or use other tobacco products.
13. Delegates must not possess or use fireworks.
14. Delegates are not allowed to gamble.
15. Delegate must respect and abide by host family and hosting organization rules in relationship to use of computer, internet, cell phone, and e-mail. Delegates must also practice safe use of the internet and must not share theirs or their host family's personal contact information on public websites, nor post inappropriate comments/photos on social media networking sites.
16. Delegates are not allowed under any circumstances to access websites containing pornography, chat rooms, or any other sites deemed inappropriate by the host family or program officials.
17. Delegates must return to their home country on the date and using flight itinerary ticketed by States' 4-H.
18. Delegates must obtain prior consent from the host family and the appropriate organization contact before planning personal travel of any kind.
19. Delegates must follow States' 4-H program safety guidelines at all times.

I (the delegate) have read and understand the above, and agree to comply with these rules. I understand that failure to comply with these rules may be grounds for dismissal from the States' 4-H International Exchange Programs (States' 4-H) and may be sent home at once at my expense for violating the rules above. In addition, I must be in good standing from the time of acceptance through the exchange period, and failure to comply may be grounds for dismissal from States' 4-H program participation.

I CERTIFY that all information in this application is true and complete to the best of my knowledge. I understand the purposes and objectives of the States' 4-H International Exchange Programs and agree to participate within the framework of the program. The signature of the undersigned delegate and parent(s)/legal guardian(s) indicates a complete understanding of and a willingness to abide by the above Travel Release/Authorization, Medical Release, Insurance Agreement, Liability Release, Photo/Media Release, Code of Conduct, and Cancellation Policy (on page 1).

Signature of delegate

Type delegate's name

Date

*Signature of legal guardian #1

Type legal guardian #1's name

Date

*Signature of legal guardian #2

Type legal guardian #2's name

Date

*In the case of divorced parents:

1. For divorced parents/legal guardians with joint custody, both legal guardians must sign above.
2. For single parent homes and for divorced parents where one parent is awarded full custody, only one guardian needs to sign above. The same guardian must sign below:

By signing below, I attest that I have sole custody of the child listed above.

Signature of Parent or Guardian _____ Date: _____

Type Parent or Guardian's name _____

Based on my assessment of the delegate's application and interview details, I recommend him/her/them for participation in the 2019 States' 4-H Outbound Programs. (Please carefully verify delegate's airport selection)

State Coordinator

Type State Coordinator's Name

Date

2019 Outbound Traveler Application Form - OHIO Supplementary Information Page

4-H EXPERIENCE (Note: You are not required to be a 4-H member to apply)

Are you presently a 4-H club member? ☐ Yes ☐ No If yes, year joined 4-H: _____

If no, did you ever belong to a 4-H club? ☐ Yes (Years: _____) ☐ No

Have you had any non-club involvement with 4-H? ☐ Yes ☐ No Describe: _____

List projects, achievements and/or activities: _____

LEADERSHIP & RELATED EXPERIENCE:

(Include major experiences in 4-H, other youth groups, church, school, university, other)

| Organization | Years of Membership | Leadership / Responsibilities |
|--------------|---------------------|-------------------------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

EDUCATION

Favorite subjects in school _____

Extracurricular activities _____

Plans for future education/career _____

My strengths and weaknesses as they might apply to this international experience are:

How do you think this experience will benefit you, your family and community in becoming more aware of the multicultural and global community in which you live? _____



STATES' 4-H INTERNATIONAL EXCHANGE PROGRAMS

2019 OUTBOUND GLOBAL CITIZEN NATIONAL SCHOLARSHIP APPLICATION

NOTE TO APPLICANT: This "Global Scholarship" is separate from the \$1,800 Ohio 4-H Base Scholarship being awarded to all selected candidates. This scholarship is offered at the national level by States' 4-H. We are interested in making our programs more accessible to all and to highlight leadership potential in our future delegates.

Please see details below. Applicants must submit this scholarship application with their complete Outbound Application to the State 4-H Office by November 30. If you have questions about this process, please contact thalheimer.1@osu.edu.

Global Citizen Scholarship

Merit-based: \$500 each

- **Details:** Two applicants per Outbound program will be selected per year to receive a scholarship equal to a \$500 deduction of their program fee. For the Japan programs, there will be two selected for the 2-Month program and two for the 1-Month program.
- **Selection Process:** States' 4H will review all completed applications received by November 30 and invite those who make it to the final round to participate in a video interview with States' 4-H. Two applicants will be selected per program. Selections will take place based on the following criteria: demonstrated leadership ability or potential, clear description of how these funds would support them in growing as a global citizen, ability to address the prompted questions, creativity, organization, personal recommendations, and State Coordinator recommendations.
- **Award Process:**
Notification will occur in January 2019. The scholarship will be awarded in two payments. The first \$300 of the scholarship will be applied to their Second Installment of the program fee. The remaining \$200 will be awarded to delegates after they complete the program and the Alumni Expectations three months after the program. If they do not complete these requirements, they will not be awarded the additional \$200.
- **Alumni Expectations:** Recipients of this scholarship are expected to meet the following alumni requirements. States' 4-H staff will follow up with awardees to confirm that they have completed these requirements within three months of their return from their program (with the exception of the Outbound calls listed below).
 - A) Give a minimum of 2-3 presentations in their community about their States' 4-H experience and their role as a global citizen.
 - B) Complete a minimum of 1 States' 4-H blog entry about a cross-cultural event, project, or experience in their own community after the program. This should demonstrate their continued role as a global citizen and can be a written, video, or photo blog entry. Examples include: international fair at school, interfaith dinner, school project, globally conscious community service program, etc.
 - C) Participate in Outbound pre-program calls and orientation calls when available.

Full Name: _____ State: _____
(First name) (Last name)

Gender: _____ Age (as of departure date): _____

Country(ies) you are applying to: _____

Please respond to the following question. Please note that applicants are not required to respond to the prompts via a written essay. If preferred, they can complete a creative response that demonstrates their strengths as a leader (video entry, artwork, etc.) as long as it addresses the prompted questions clearly. States' 4-H recognizes that leaders can have different skills and learning styles that may or may not be reflected in a written essay.

Only one response can be submitted per person, though (i.e. applicant cannot submit something written and a video; this must be an either or decision). If the applicant chooses to submit a written essay, please limit this to two pages total.

What does being a global citizen mean to you?

How have you been a global citizen in your own community? Please share at least 2-3 specific ways.

How will you continue to be a global citizen and promote States' 4-H programs following your exchange? Please be as specific as possible.

Note to applicant: Please provide contact information for someone who can comment on your leadership potential and the role(s) you have played in your community. If you are in 4-H, use a 4-H advisor/educator. The State 4-H Office will contact this individual.

Name:

Position-Title/Relationship:

Email:

Phone:

For State and/or Local 4-H Coordinators to complete:

Please share about the applicant's leadership potential and the role(s) they have played in your 4-H community. Please also share any additional thoughts or relevant information related to the applicant at this time. Attached additional pages if needed.



STATES' 4-H INTERNATIONAL EXCHANGE PROGRAMS 2019 SUMMER OUTBOUND PROGRAM JAPAN MEDICAL FORM

予防接種記録・病歴（医師に英語で記入してもらって下さい。）

Delegate's Name: _____ Date of Birth: _____
参加者名 生年月日 Month/Day/Year

Name of Japanese Organization (Labo/LEX): _____ State: _____
交流団体記入欄 州（米国人用）

Must be completed by a physician

To the Examining Physician: This individual is applying for a cross-cultural exchange program. Delegates live as a member of a family in a host country. Not everyone is equipped mentally and physically for this experience. The applicant must have a high degree of motivation and the ability to adjust to different social and cultural backgrounds - sometimes under difficult circumstances. Sound health is vital. Your careful and complete evaluation of the applicant's health will be helpful in determining his/her/their assignment. If the applicant is accepted for participation, necessary immunizations will be required. ***This form must be completed based on the examination which occurs within one year of the date of departure.**

主治医の皆様へ：上記生徒は、国際交流活動に参加いたします。つきましては、4-8 週間の海外生活に支障のない健康状態であるかどうか、本人と面談の上、下記 3 枚の項目について記入し、ご署名下さいますようお願い申し上げます。

1. Does the applicant have any allergies or reactions to drugs or non-drug items?

アレルギー、薬品の副作用がありますか？

Medicines: 薬品でアレルギーをおこすもの

Penicillin or Related Drugs（ペニシリン系薬品）：Yes ☐ No ☐

Aminopyrine or Sulpyrine Type Drug（ピリン系薬品）：Yes ☐ No ☐

Others（その他）：_____

Types and degree of reaction（反応の症状と程度）：_____

Non-Drug Items: 薬品以外でアレルギーをおこすもの

Bees（蜂）☐ Pollen（花粉）☐ Dogs（犬）☐ Cats（猫）☐ Small Animals（小動物）☐

Foods（食べ物）_____

Other non-food items（その他）：_____

Types and degree of reaction（反応の症状と程度）：_____

2. Is this person subject to any of the following? If YES, please explain condition and/or frequency in detail.

下記の病気や症状がありますか？あれば症状、頻度も書き添えて下さい。

Condition/Frequency 症状・頻度

Asthma/Respiratory Problems（喘息・呼吸器の病気） Yes ☐ No ☐ _____

Diabetes/Hypoglycemia（糖尿病・低血糖） Yes ☐ No ☐ _____

Heart Trouble（心臓疾患） Yes ☐ No ☐ _____

Lung Trouble（肺疾患） Yes ☐ No ☐ _____

Fainting Spells（失神） Yes ☐ No ☐ _____

Convulsions（ひきつけ痙攣） Yes ☐ No ☐ _____

Epilepsy（てんかん） Yes ☐ No ☐ _____

Skin Disease（皮膚の病気） Yes ☐ No ☐ _____

Kidney/Gall Bladder/Liver Disease（腎臓・胆嚢・肝臓） Yes ☐ No ☐ _____

Muscular/Skeletal Problem（筋肉又は骨の障害） Yes ☐ No ☐ _____

Emotional or Mental Disorder（情緒不安定） Yes ☐ No ☐ _____

Stomach/Intestinal Problem（胃腸障害） Yes ☐ No ☐ _____

Anxiety（不安障害） Yes ☐ No ☐ _____

Depression（うつ病） Yes ☐ No ☐ _____

Any Other Condition (Please list and explain) その他の病気や症状があれば説明してください。 _____

3. Does this person have difficulties with any of the following?

下記の障害や、健康上注意を要する点がありますか？あれば、注意書きも書き添えて下さい。

Remarks 注意書き

| | | |
|--|--|-------|
| Eyes (視力等、目の障害) | Yes <input type="checkbox"/> No <input type="checkbox"/> | _____ |
| Uses Contact Lenses (コンタクトレンズ使用) | Yes <input type="checkbox"/> No <input type="checkbox"/> | _____ |
| Ears (聴力等、耳の障害) | Yes <input type="checkbox"/> No <input type="checkbox"/> | _____ |
| Nose (鼻の障害) | Yes <input type="checkbox"/> No <input type="checkbox"/> | _____ |
| Throat (咽喉障害) | Yes <input type="checkbox"/> No <input type="checkbox"/> | _____ |
| Digestion (消化障害) | Yes <input type="checkbox"/> No <input type="checkbox"/> | _____ |
| Sleepwalking (夢遊病) | Yes <input type="checkbox"/> No <input type="checkbox"/> | _____ |
| Bed-Wetting (夜尿症) | Yes <input type="checkbox"/> No <input type="checkbox"/> | _____ |
| Menstrual problems (生理障害) | Yes <input type="checkbox"/> No <input type="checkbox"/> | _____ |
| Any other difficulties: その他の障害 (Please list) | | _____ |

4. Any surgical operations, accidents, or injuries which required hospitalization in the past?

今までに手術や事故、またはけがで入院した事がありますか？

Yes ☐ No ☐ Explain: あればどんなけが、手術だったか記入して下さい。 _____

5. Are there any physical activities that this person is restricted from doing?

健康上制限されている行動がありますか？あれば、説明して下さい。

Yes ☐ No ☐ If YES, please list: _____

6. If an applicant is carrying medicines/prescriptions, fill in the following. Please note that common ADD/ADHD medications, such as Ritalin & Adderall (amphetamine and dextroamphetamine), are illegal in Japan.

薬品又は処方箋を留学先に携帯してくる場合は下記に記入して下さい。処方箋の場合は、薬品名の前に"P"と記入して下さい。

| Name of Medicine 薬品名 | Illness/Symptoms 病名・症状 | Dosage/Times Taken 服用 (量・回数) |
|-------------------------|---------------------------|---------------------------------|
| | | |
| | | |
| | | |
| | | |

7. Any recent exposure to a contagious disease? 最近、伝染病にかかったことがありますか？

Yes ☐ No ☐ Explain: あればどんな伝染病だったか記入して下さい。 _____

8. Is this person currently under a doctor's care (for reasons other than routine care)?

現在医者にかかっていますか？あれば何のためにかかっているか記入して下さい。

Yes ☐ No ☐ Explain: _____

9. Any additional information the host parents should be aware of?

ホストが知っておいた方がよい健康上の問題がありますか？

Yes ☐ No ☐ Explain: _____

10. Inoculation History 予防接種記録 - fill out below or attach vaccination records.

| Vaccine ワクチン | Number 回数 | Date of injection 接種年月日 | Vaccinated by/at 予防接種実施場所 | Contracted? 発症歴の有無 | Date contracted (M/D/Y) 発症年月日 |
|---|------------------------------|-------------------------------|------------------------------|--|-------------------------------------|
| Measles はしか | 1st <input type="checkbox"/> | | | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| | 2nd <input type="checkbox"/> | | | | |
| Mumps 流行性耳下腺炎 | 1st <input type="checkbox"/> | | | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| | 2nd <input type="checkbox"/> | | | | |
| Rubella 風疹 | 1st <input type="checkbox"/> | | | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| | 2nd <input type="checkbox"/> | | | | |
| Chickenpox 水痘 | <input type="checkbox"/> | | | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Polio (OPV) 小児麻痺 | 1st <input type="checkbox"/> | | | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| | 2nd <input type="checkbox"/> | | | | |
| | 3rd <input type="checkbox"/> | | | | |
| | 4th <input type="checkbox"/> | | | | |
| DPT 三種混合 Diphtheria ジフテリア Pertussis 百日せき Tetanus 破傷風 | 1st <input type="checkbox"/> | | | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| | 2nd <input type="checkbox"/> | | | | |
| | 3rd <input type="checkbox"/> | | | | |
| | 4th <input type="checkbox"/> | | | | |
| | 5th <input type="checkbox"/> | | | | |
| Tuberculosis 結核 | <input type="checkbox"/> | | | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Hepatitis B B型肝炎 | 1st <input type="checkbox"/> | | | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| | 2nd <input type="checkbox"/> | | | | |
| | 3rd <input type="checkbox"/> | | | | |
| Others その他 | | | | Yes <input type="checkbox"/> No <input type="checkbox"/> | |

11. Considering the statements above, your examination, and any information you may have provided in connection with the above questions, is there any reason you would question his/her participation in this program?

以上の診察の結果、国際交流参加に健康上なんらかの支障があると思われますか？無ければN oに、あると思われる場合はY e sにX印を付け、下線部にその理由を説明して下さい。

Yes ☐ No ☐ Explain: _____

For additional comments, please use an extra sheet of paper.

健康状態で事前にホストファミリーに伝えておきたいことがあれば別紙に記入して下さい。

Date of examination upon which this report is based: _____

診察年月日

I have given a thorough physical examination and reviewed the medical history of the delegate. I certify that all important medical information has been included and that the above information is complete and accurate.

以上の診察の結果、この診断書に記載されていることは、すべて事実であることを証明します。

| |
|---|
| Physician's Name/Address 医師の氏名・住所 Date: Month/Day/Year _____ 記入年月日 (西暦) |
|---|

| |
|---|
| Physician's signature 医師の署名 |
|---|



STATES' 4-H INTERNATIONAL EXCHANGE PROGRAMS

2019 SUMMER OUTBOUND PROGRAM

COSTA RICA & FINLAND MEDICAL FORM

Delegate's Name: _____ Date of Birth: _____
Month/Day/Year

Destination Country: _____ State: _____

Must be completed by a physician

To the Examining Physician: This individual is applying for a cross-cultural exchange program. Delegates live as a member of a family in a host country. Not everyone is equipped mentally and physically for this experience. The applicant must have a high degree of motivation and the ability to adjust to different social and cultural backgrounds - sometimes under difficult circumstances. Sound health is vital. Your careful and complete evaluation of the applicant's health will be helpful in determining his/her/their assignment. If the applicant is accepted for participation, necessary immunizations will be required. ***This form must be completed based on the examination which occurs within one year of the date of departure.**

1. Does the applicant have any allergies or reactions to drugs or non-drug items?

Medicines:

Penicillin or Related Drugs: Yes ☐ No ☐

Aminopyrine or Sulpyrine Type Drug: Yes ☐ No ☐

Others: _____

Types and degree of reaction: _____

Non-Drug Items:

Bees ☐ Pollen ☐ Dogs ☐ Cats ☐ Small Animals ☐

Foods: _____

Other non-food items: _____

Types and degree of reaction: _____

2. Is this person subject to any of the following? If YES, please explain condition and/or frequency in detail.

Condition/Frequency

Asthma/Respiratory Problems Yes ☐ No ☐ _____

Diabetes/Hypoglycemia Yes ☐ No ☐ _____

Heart Trouble Yes ☐ No ☐ _____

Lung Trouble Yes ☐ No ☐ _____

Fainting Spells Yes ☐ No ☐ _____

Convulsions Yes ☐ No ☐ _____

Epilepsy Yes ☐ No ☐ _____

Skin Disease Yes ☐ No ☐ _____

Kidney/Gall Bladder/Liver Disease Yes ☐ No ☐ _____

Muscular/Skeletal Problem Yes ☐ No ☐ _____

Emotional or Mental Disorder Yes ☐ No ☐ _____

Stomach/Intestinal Problem Yes ☐ No ☐ _____

Anxiety Yes ☐ No ☐ _____

Depression Yes ☐ No ☐ _____

Any Other Conditions (Please list and explain): _____

3. Does the applicant have difficulties with any of the following?

Remarks

| | | |
|---|--|-------|
| Eyes | Yes <input type="checkbox"/> No <input type="checkbox"/> | _____ |
| Uses Contact Lenses | Yes <input type="checkbox"/> No <input type="checkbox"/> | _____ |
| Ears | Yes <input type="checkbox"/> No <input type="checkbox"/> | _____ |
| Nose | Yes <input type="checkbox"/> No <input type="checkbox"/> | _____ |
| Throat | Yes <input type="checkbox"/> No <input type="checkbox"/> | _____ |
| Digestion | Yes <input type="checkbox"/> No <input type="checkbox"/> | _____ |
| Sleepwalking | Yes <input type="checkbox"/> No <input type="checkbox"/> | _____ |
| Bed-Wetting | Yes <input type="checkbox"/> No <input type="checkbox"/> | _____ |
| Menstrual problems | Yes <input type="checkbox"/> No <input type="checkbox"/> | _____ |
| Any other Difficulties: (Please list) _____ | | |

4. Any surgical operations, accidents, or injuries which required hospitalization in the past?

Yes ☐ No ☐ Explain: _____

5. Are there any physical activities that the this person is restricted from doing?

Yes ☐ No ☐ If YES, please list: _____

6. If an applicant is carrying medicines/prescriptions, fill in the following.

| Name of Medicine | Illness/Symptoms | Dosage/Times Taken |
|------------------|------------------|--------------------|
| | | |
| | | |
| | | |
| | | |

7. Any recent exposure to a contagious disease?

Yes ☐ No ☐ Explain: _____

8. Is this person currently under a doctor's care (for reasons other than routine care)?

Yes ☐ No ☐ Explain: _____

9. Any additional information the host parents should be aware of?

Yes ☐ No ☐ Explain: _____

10. Inoculation History - fill out below or attach vaccination records.

| Vaccine | Number | Date of injection | Vaccinated by/at | Contracted? | Date contracted (M/D/Y) |
|---|------------------------------|-------------------|------------------|--|-------------------------|
| Measles | 1st <input type="checkbox"/> | | | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| | 2nd <input type="checkbox"/> | | | | |
| Mumps | 1st <input type="checkbox"/> | | | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| | 2nd <input type="checkbox"/> | | | | |
| Rubella | 1st <input type="checkbox"/> | | | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| | 2nd <input type="checkbox"/> | | | | |
| Chickenpox | <input type="checkbox"/> | | | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Polio (OPV) | 1st <input type="checkbox"/> | | | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| | 2nd <input type="checkbox"/> | | | | |
| | 3rd <input type="checkbox"/> | | | | |
| | 4th <input type="checkbox"/> | | | | |
| DPT Diphtheria Pertussis Tetanus | 1st <input type="checkbox"/> | | | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| | 2nd <input type="checkbox"/> | | | | |
| | 3rd <input type="checkbox"/> | | | | |
| | 4th <input type="checkbox"/> | | | | |
| | 5th <input type="checkbox"/> | | | | |
| Tuberculosis | <input type="checkbox"/> | | | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Hepatitis B | 1st <input type="checkbox"/> | | | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| | 2nd <input type="checkbox"/> | | | | |
| | 3rd <input type="checkbox"/> | | | | |
| Others | | | | Yes <input type="checkbox"/> No <input type="checkbox"/> | |

11. Considering the statements above, your examination, and any information you may have provided in connection with the above questions, is there any reason you would question his/her/their participation in this program?

Yes ☐ No ☐ Explain: _____

For additional comments, please use an extra sheet of paper.

Date of examination upon which this report is based: _____

I have given a thorough physical examination and reviewed the medical history of the delegate. I certify that all important medical information has been included and that the above information is complete and accurate.

| |
|---|
| Physician's Name/Address _____ _____ Date: Month/Day/Year _____ |
|---|

| |
|---|
| Physician's signature _____ _____ _____ |
|---|



STATES' 4-H INTERNATIONAL EXCHANGE PROGRAMS

Out-Bound Youth Traveler Program – OH 2019

CONFIDENTIAL REFERENCE #1

(4-H Professional/Volunteer) (For Non 4-H Members: Community Leader)

PRINT IN DARK INK OR TYPE

Applicant's Name: _____ State: OHIO

The individual above has applied to participate in a foreign exchange program. Selected delegates will spend four to eight weeks living with a host family in an unfamiliar culture. Your thoughtful evaluation of the applicant's ability to assume this role will be much appreciated.

Thank you for providing this reference. All information is confidential to the extent allowed by law.

Interpersonal Relations: As you observe this applicant in relation to other people, is he/she usually:
(specify "Yes" or "No" and/or comments, please)

Cooperative [] Yes [] No
Looked to for guidance [] Yes [] No
Respectful [] Yes [] No
Outgoing [] Yes [] No
Sensitive towards others [] Yes [] No

Comments:

How does this applicant react to:

Physical Discomfort: _____

Stress/Pressure: _____

Sudden changes in schedule: _____

Awkward and embarrassing situations: _____

In comparison with persons you have known, how would you rate the applicant in the following areas:

| | <u>Below Average</u> | <u>Average</u> | <u>Above Average</u> | <u>Top 10%</u> |
|----------------------|----------------------|----------------|----------------------|----------------|
| Emotional Maturity | [] | [] | [] | [] |
| Leadership | [] | [] | [] | [] |
| Enthusiasm/Energy | [] | [] | [] | [] |
| Self-Confidence | [] | [] | [] | [] |
| Sense of Humor | [] | [] | [] | [] |
| Handling Emergencies | [] | [] | [] | [] |
| Self-Starter | [] | [] | [] | [] |
| Flexible | [] | [] | [] | [] |

Do you recommend this applicant for participation?

☐ YES

☐ NO

Additional Comments (Use the back of this page if necessary) _____

Signature: _____ Printed Name: _____ Date: _____

Title: _____ Telephone: () _____

Relationship to Applicant: _____

Address: _____

City: _____ State: _____ Zip: _____

Due: Nov 30! TO: Mary Lynn Thalheimer, Ohio 4-H, 2201 Fred Taylor Dr., Columbus, OH, 43210,
thalheimer.1@osu.edu Fax: 614-292-5937 Phone: 614-247-8162



STATES' 4-H INTERNATIONAL EXCHANGE PROGRAMS Out-Bound Youth Traveler Program – OH 2019

CONFIDENTIAL REFERENCE #2
(School representative)

PRINT IN DARK INK

Applicant's Name: _____ State: OHIO

The individual above has applied to participate in a foreign exchange program. Selected delegates will spend four to eight weeks living with a host family in an unfamiliar culture. Your thoughtful evaluation of the applicant's ability to assume this role will be much appreciated.

Thank you for providing this reference. All information is confidential to the extent allowed by law.

Interpersonal Relations: As you observe this applicant in relation to other people, is he/she usually:
(specify "Yes" or "No" and/or comments, please)

| | | |
|--------------------------|---------|--------|
| Cooperative | [] Yes | [] No |
| Looked to for guidance | [] Yes | [] No |
| Respectful | [] Yes | [] No |
| Outgoing | [] Yes | [] No |
| Sensitive towards others | [] Yes | [] No |

Comments:

| |
|-------|
| _____ |
| _____ |
| _____ |
| _____ |
| _____ |

How does this applicant react to:

Physical Discomfort: _____

Stress/Pressure: _____

Sudden changes in schedule: _____

Awkward and embarrassing situations: _____

In comparison with persons you have known, how would you rate the applicant in the following areas:

| | <u>Below Average</u> | <u>Average</u> | <u>Above Average</u> | <u>Top 10%</u> |
|----------------------|----------------------|----------------|----------------------|----------------|
| Emotional Maturity | [] | [] | [] | [] |
| Leadership | [] | [] | [] | [] |
| Enthusiasm/Energy | [] | [] | [] | [] |
| Self-Confidence | [] | [] | [] | [] |
| Sense of Humor | [] | [] | [] | [] |
| Handling Emergencies | [] | [] | [] | [] |
| Self-Starter | [] | [] | [] | [] |
| Flexible | [] | [] | [] | [] |

Do you recommend this applicant for participation?

☐ YES

☐ NO

Additional Comments (Use the back of this page if necessary) _____

Signature: _____ Printed Name: _____ Date: _____

Title: _____ Telephone: () _____

Relationship to Applicant: _____

Address: _____

City: _____ State: _____ Zip: _____

Due: Nov. 30! TO: Mary Lynn Thalheimer, Ohio 4-H, 2201 Fred Taylor Dr., Columbus, OH, 43210
Thalheimer.1@osu.edu Fax: 614-292-5937 Phone: 614-247-8162



STATES' 4-H INTERNATIONAL EXCHANGE PROGRAMS Out-Bound Youth Traveler Program – OH 2019

CONFIDENTIAL REFERENCE #3

(Non-relative adult from school, 4-H, work, other clubs, etc.)

PRINT IN DARK INK

Applicant's Name: _____ State: OHIO

The individual above has applied to participate in an international exchange program. Selected delegates will spend four to eight weeks living with a host family in an unfamiliar culture. Your thoughtful evaluation of the applicant's ability to assume this role will be much appreciated.

Thank you for providing this reference. All information is confidential to the extent allowed by law.

Interpersonal Relations: As you observe this applicant in relation to other people, is he/she usually:
(specify "Yes" or "No" and/or comments, please)

Cooperative [] Yes [] No
Looked to for guidance [] Yes [] No
Respectful [] Yes [] No
Outgoing [] Yes [] No
Sensitive towards others [] Yes [] No

Comments:

How does this applicant react to:

Physical Discomfort: _____

Stress/Pressure: _____

Sudden changes in schedule: _____

Awkward and embarrassing situations: _____

In comparison with persons you have known, how would you rate the applicant in the following areas:

| | <u>Below Average</u> | <u>Average</u> | <u>Above Average</u> | <u>Top 10%</u> |
|----------------------|----------------------|----------------|----------------------|----------------|
| Emotional Maturity | [] | [] | [] | [] |
| Leadership | [] | [] | [] | [] |
| Enthusiasm/Energy | [] | [] | [] | [] |
| Self-Confidence | [] | [] | [] | [] |
| Sense of Humor | [] | [] | [] | [] |
| Handling Emergencies | [] | [] | [] | [] |
| Self-Starter | [] | [] | [] | [] |
| Flexible | [] | [] | [] | [] |

Do you recommend this applicant for participation?

☐ YES

☐ NO

Additional Comments (Use the back of this page if necessary) _____

Signature: _____ Printed Name: _____ Date: _____

Title: _____ Telephone: () _____

Relationship to Applicant: _____

Address: _____

City: _____ State: _____ Zip: _____

Due: Nov. 30! TO: Mary Lynn Thalheimer, Ohio 4-H, 2201 Fred Taylor Dr., Columbus, OH, 43210
thalheimer.1@osu.edu Fax: 614-292-5937 Phone: 614-247-8162