

Family & Community Health Project Completion Form

NAME: _____

CLUB: _____ GRADE (2023 – 2024): _____

Number of Years in 4-H: _____ Number of Years in Project Area: _____

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****