# Return this application to Ms. Debra Lloyd, Extension Instructor: 4-H Youth Development by April 13, 2020. P.O. Box 9641, Mississippi State, MS 39762 or email to dpl4@msstate.edu.

## Applicant Information

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name: |   | Date of Birth: |       |
|  | Last | First |  | M.I. |  |  |

|  |  |
| --- | --- |
| Address: |       |
|  | Street Address | Apartment/Unit # |
|  |       |
|  | City | State | ZIP Code |
| Phone: |       | Email: |       |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Years in 4-H: |       | County: |  | Club Leader: |       |

|  |  |
| --- | --- |
| Parent/Guardian Name: |       |

## Using 1000 words or less, describe what skills you have learned in 4-H that will enable you to become a delegate to the 2021 National 4-H Conference in Washington D.C.?

## Disclaimer and Signature

I certify that the applicant can willfully participate as an MSU Extension 4-H Ambassador, if selected.

|  |  |  |  |
| --- | --- | --- | --- |
| 4-H Member Signature: |  | Date: |  |
| Parent Signature: |  | Date: |  |
| Agent Signature: |  | Date: |  |