# 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](mailto: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: |  |