



If you have a youth in your county that is applying for an Award Trip or Scholarship, you need to submit the "Candidate Referral Form" along with their application packet. A 4-H youth cannot apply for an Award Trip or Scholarship position without your recommendation.

Please send this form directly to Travis Shepard through any of the following methods. All Applications must be IN the State 4-H Headquarters no later than 4:30 p.m. on June 1. No late applications will be accepted.

Fed-Ex/UPS	USPS	Email	Fax
2142 Shealy Drive Gainesville, FL 32608	PO Box 110225 Gainesville, FL 32611	t.shepard@ufl.edu	352-294-3544

Name of Candidate:	County of Candidate:
Name of Reference:	E-mail of Reference:
<p>Thank you for assisting with this effort. We very much appreciate your help in learning more about the suitability and abilities of this officer candidate. Your comments will be confidential and will not specifically be shared with the 4-H member. It is your decision as to whether or not you give a copy of these remarks to the candidate.</p> <p>___ I do not recommend this 4-H member for an Awards and Rec Scholarship or Trip Opportunity (Please do not fill the rest of this form out.)</p>	

Please rank the nominee based on your knowledge of their abilities in the following areas (Scale 1 skill not apparent/poor, 2= very little experience/below average, 3= some experience or potential/ average, 4= very experienced/ above average, 5 = master/ exceptional, N/K no knowledge/ have had little interaction.)

Leadership Skills	___ 1 ___ 2 ___ 3 ___ 4 ___ 5 ___ N/K
Organizational Skills	___ 1 ___ 2 ___ 3 ___ 4 ___ 5 ___ N/K
Self-Motivation	___ 1 ___ 2 ___ 3 ___ 4 ___ 5 ___ N/K
Follow Through	___ 1 ___ 2 ___ 3 ___ 4 ___ 5 ___ N/K
Team Work	___ 1 ___ 2 ___ 3 ___ 4 ___ 5 ___ N/K
Maturity	___ 1 ___ 2 ___ 3 ___ 4 ___ 5 ___ N/K
Cooperativeness	___ 1 ___ 2 ___ 3 ___ 4 ___ 5 ___ N/K
Sensitivity toward others	___ 1 ___ 2 ___ 3 ___ 4 ___ 5 ___ N/K
Energy And Enthusiasm	___ 1 ___ 2 ___ 3 ___ 4 ___ 5 ___ N/K
Confidence	___ 1 ___ 2 ___ 3 ___ 4 ___ 5 ___ N/K
Ability to Handle Emergencies/ Stress	___ 1 ___ 2 ___ 3 ___ 4 ___ 5 ___ N/K
Self-Discipline	___ 1 ___ 2 ___ 3 ___ 4 ___ 5 ___ N/K
Accepting Advice and Guidance	___ 1 ___ 2 ___ 3 ___ 4 ___ 5 ___ N/K
Participate in a 4-H Club	___ 1 ___ 2 ___ 3 ___ 4 ___ 5 ___ N/K
Participate in County Council	___ 1 ___ 2 ___ 3 ___ 4 ___ 5 ___ N/K
Participate in District Council	___ 1 ___ 2 ___ 3 ___ 4 ___ 5 ___ N/K

Comments?

(For Office Use Only)	
Date Received: ___	Initials of Event Coordinator: ___

Thank You!

All programs and related activities sponsored for, or assisted by, UF/IFAS EXTENSION are open to all persons with non-discrimination with respect to race, creed, color, religion, disability, sex, sexual orientation, marital status, national origin, political opinions or affiliations.

The 4-H name and emblem are protected under 18 U.S.C. 707 Updated 05/2013