 MEMBER ACHIEVEMENT PLAN

Clover Bud Pin

Application form

Name _____________________________________________________________ Age _______ 4-H

Club/Group ___________________________________________ County/District ________________

The Clover Bud Pin may be awarded at the conclusion of the 4-H year in which you participate. In order to receive this pin, you must attend a majority (more than one-half) of the remaining regularly scheduled meetings of your club after the point at which you participate in the club. You may receive this pin only once, and you may receive only one achievement pin in a 4-H year.

1. Number of meetings held: _________________ Number of meetings attended: _______________

Signed: ____________________________________________________________________________________________

Clover Bud Date

Signed: ____________________________________________________________________________________________

Parent/Guardian Date

Signed: ____________________________________________________________________________________________

4-H Leader Date

Signed: ____________________________________________________________________________________________

4-H Leader Date

Kansas State University Agricultural Experiment Station and Cooperative Extension Service