



Missouri 4-H Legislative Academy Application

**February 16-18, 2009
Jefferson City, Missouri**

Youth who have participated in state 4-H leadership programs are eligible to apply for the Missouri 4-H Legislative Academy. Applicants are chosen through a selection process. ***There is no fee for this event; the only cost for the selected delegates is transportation to and from Jefferson City.***

Background

The Academy was founded by Lowell Mohler and the Missouri 4-H Foundation's Board of Trustees as a one-of-a-kind experiential learning opportunity for promising 4-H youth leaders. Strengthened relationships between Missouri 4-H and key lawmakers and donors, and youth participants acquiring skills in legislative advocacy and fundraising are the desired outcomes.

Eligibility

Applicants must be:

- Able to attend the entire Academy,
- 14-20 years old on December 31st, and
- A State 4-H Council member, Youth Futures alumni, Mizzou 4-H Collegiate 4-H member, state award winner (Key Award or National Congress) or recommended by your local 4-H youth specialist.

Selection

Between 8-12 young people will be selected for the Missouri 4-H Legislative Academy. Selection will be based on: 1) satisfactory completion of the application, 2) personal interview with selection committee, and 3) ability to positively represent Missouri 4-H to state-level decision-makers and contributors.

Up to 20 applicants may be invited to participate in the interview process. The selection committee will select up to 3 alternates to participate in the event selected members cannot attend.

Guidelines

To complete the application, please use a word processor or typewriter and white 8 ½ x 11" paper with 1 inch margins. For computer-generated applications, please use a font no smaller than 12 point. Single-space within each answer and double-space between questions.

Section 1: Biographical Data (this section may be completed in ink)

Complete the biographical information form. Note that signatures of applicant, parent/guardian, and local 4-H staff are required.



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Section 2: School Information (this section may be completed in ink)

Complete the school information form. Note that a signature from your school administrator is required. In efforts to support your excused absence from school, a letter will be sent to your administrator followed by a personal phone call. However, you need to make the first contact by visiting with your administrator about the opportunity to participate in the Legislative Academy.

Section 3: Your Story and Career Goals (1/2 page)

Share information about yourself. Emphasize your background, skills, interests, and ambitions. Identify the following in 3-4 paragraphs or less:

- What is your major field of study (current or intended)?
- What are your reasons for choosing this course of study?
- What specific goals would you like to accomplish in your professional life?

Section 4: Leadership and 4-H (1/2 page)

List your 4-H leadership roles for the past two years such as holding an office, serving on a committee, completing 4-H project work, etc. Include your participation in state 4-H events and activities. You may also include your most significant 4-H accomplishments and awards.

Section 5: The Difference 4-H Has Made (1/2 page)

Explain how 4-H has made a difference in your life. In a conversation with a person in a position of decision-making authority, what would you share about yourself? What experiences and skills has the 4-H program enhanced? Why should stakeholders continue to support the 4-H program?

Section 6: Additional Information

- Have you attended the Citizen Youth Forum? (Attendance is not required.)
- What is the name of your hometown newspaper?
- Who is your senator and representative?
- Who do you prefer to job shadow? (individual name of senator or representative)

Section 7: Health Form

Remember to complete and attach the health form to your application

Section 8: Letter of Recommendation

Remember to complete and attach a letter of recommendation from your county youth specialist to your application.

Note: Delegates will be provided business cards to hand out during the event.

Applications and Health Form are due December 1, 2008 to:
Diana Duncan, 827 Clark Hall, MU, Columbia, MO 65211



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To be written or printed in ink or filled in with a computer *by the participant*.

Section 1. Biographical Data

County		Year (application year)	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Name				
Address		City	State	Zip
Phone		E-Mail		
Birth Date		Age as of January 1 this year		
Name of Your 4-H Club or Group		Grade	Years in 4-H	
Names of Parents/Guardians				
Race (check all that apply) <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indian/Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Asian/Pacific Islander				
Ethnicity <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic				
Residence (check one) <input type="checkbox"/> Farm <input type="checkbox"/> Suburb of more than 50,000 <input type="checkbox"/> Rural less than 10,000 <input type="checkbox"/> City of more than 50,000 <input type="checkbox"/> Town of 10,000 to 50,000				
Business Card (Indicate which of the three options you prefer.) <input type="checkbox"/> Your name, address & phone <input type="checkbox"/> Your name with state 4-H office address & phone <input type="checkbox"/> Your name & phone with state 4-H office address				

Statement by 4-H Member and Parent/Guardian

The member prepared this application, and we certify that the information is true and accurate. We give permission to the 4-H Center for Youth Development to use information in this document to promote the 4-H program.

Date (month, day, year)	Signature of 4-H Member
Date (month, day, year)	Signature of Parent/Guardian

Approval of this Report

We reviewed this application and believe it to be correct.

Date (month, day, year)	Signature of 4-H Leader
Date (month, day, year)	Signature of County 4-H Staff Person

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Section 2. School Information

School Name		School Phone
School Address		
City	State	Zip
Administrators Name		
Title		

The section below is to be filled out by your school administrator.

Please sign below if the applicant has discussed with you the opportunity to attend the Missouri 4-H Legislative Academy.

Date	Signature of Administrator
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Please indicate if the applicant will be excused from school to attend this event if the applicant is selected by the committee. Check one of the following and/or include comments in the space provided below.

<input type="checkbox"/> Excused to make up all work and counts toward a regular day of school	<input type="checkbox"/> Excused to make up all class work.	<input type="checkbox"/> Not Excused
Comments:		

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