



# County Extension Agent Verification Form

Applicant Name: \_\_\_\_\_

CEA Name : \_\_\_\_\_ CEA Email: \_\_\_\_\_

County: \_\_\_\_\_

Club: \_\_\_\_\_

Years Enrolled in 4-H: \_\_\_\_\_

Currently in enrolled in 4-H? Y / N

Enrolled in 2 of the last 3 years? Y / N

In good standing with 4-H? Y / N

Signature : \_\_\_\_\_

Date: \_\_\_\_\_