

# 2018-2019 Marais des Cygnes Extension District Individual Study 4-H Member Plan

The Individual Study 4-H Member Plan is to be written and submitted within two weeks of enrollment to the local Extension Office. **All portions of this form must be completed.** A copy of the form must be given to the Adult Mentor. The Adult Mentor must be a person other than a parent and must be VIP Certified. A copy is to be kept by the member. **The member's final year end report records as listed in 5 & 6 and a copy of this form will be turned in by 4:30 p.m. on the second Monday of September.** Individual Study members may nominate their 4-H record book for awards and must follow county guidelines. Independent Study members are not eligible for member pin awards.

Re-enrollment in succeeding years will be based on the completion of the required Individual Study 4-H Member Plan and approval by the Marais des Cygnes District Extension Board. Members will not be eligible to re-enroll in Individual Study for one 4-H calendar year if study plan is not completed.

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_ Gender: \_\_\_\_\_ M \_\_\_\_\_ F  
City, State, Zip \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_  
Phone \_\_\_\_\_ Name of Mentor: \_\_\_\_\_  
E-Mail \_\_\_\_\_ (must be VIP Certified and 21 years of age)

My need to be granted Individual Study Membership \_\_\_\_\_  
\_\_\_\_\_

I agree to complete plan \_\_\_\_\_ Date \_\_\_\_\_  
Member's Signature  
Plan approved by Mentor \_\_\_\_\_ Date \_\_\_\_\_  
Mentor's Signature  
I support this plan \_\_\_\_\_ Date \_\_\_\_\_  
Parent/Guardian Signature

## 1. Projects

**Project # 1** \_\_\_\_\_

Project Goals (Things I want to accomplish this year; must complete at least three goals)

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

**Project # 2** \_\_\_\_\_

Project Goals (Things I want to accomplish this year; must complete at least three goals)

- 1.
- 2.
- 3.
- 4.

(ADD ADDITIONAL PAGE FOR PROJECT 3, 4 ETC.)

