



4-H Teen Leadership Academy

Class of 2025-2026

Caldwell County Cooperative Extension Service

1025 US Hwy 62 W. Princeton, KY 42445 (270) 365-2787

rjewell@uky.edu

Completed application should be returned to CCMS Office or Caldwell County Extension Office

The deadline to turn in applications is September 19, 2025

Full N	ame			
Date	of Birth	Male	Female	
Addre	ess			
City _		State	Zip Code	
Home	e Phone #	Cell Phone #		
E-mai	l address (most often used)			
Grade	e in 2025-2026 School Year	Shirt Size	Years in 4-H	
Paren	t/Guardian Name			
	* By signing below, I <u>will</u> make	a commitment to att	end all sessions of the	
	4-H Teen Lead	lership Academy Progr	am. *	
Signature of Applicant:		Dat	re:	
Signature of Parent/Guardian:		Date:		

	RENCES: Please provide contact infor	mation for two referer	nces that are NOT related to	
you.			•	
1.	Name	Address	Phone #	
2.				
	Name	Address	Phone #	



	APPLICATION #	
ase answer the following o	questions (attach additional sheet if more space is required):	
	r adjectives, describe yourself:	
	xperience, not just in 4-H, but in all arenas.	
3. What three things cond	cern you most about life in your county?	
	describe the following: "If you could change anything abouuld it be and how would you change it?"	t your
5. Why do you feel you w	rould be a good candidate for the 4-H Teen Leadership Acad	lemy?

6. What do y	ou want to get out of th	is Teen Leadership	Program?
Iditional space for you to tell us anything you want us to know about you - things that buld help in the decision making for delegate selection.			