



Ventura County 4-H Emerald Star Application

Date: _____

Check One:

- Individual Plan
- Team Plan - Number of members on the team: _____ (Section I must be completed as a team, Section II should be completed individually.)

Name _____ Phone (_____) _____

Address _____

Email Address: _____

Birthdate: _____ Age: _____ Grade: _____

Club _____ Years in 4-H: _____

Title of Project

Section I (team/individual)

What is the purpose of your project? What gap, need, or problem will this project be addressing?

Who will benefit from your project and how will they benefit?

Explain how your project relates to or supports 4-H in Ventura County or the community.

How will you evaluate your project? (How will you find out whether you achieved your goals?)



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Explain your plan for sustainability of this project (how will it be able to be carried on after this project is completed or why it will not if it's a one-time activity):

Estimated costs and financing plans (*Include all resources needed, i.e. printing, facilities, equipment, people, etc.*)

Item/Activity/Resource	To be provided by	Estimated Cost	Actual Cost*
TOTAL BUDGET			

** The actual income and expense should be included in the final report, but do not need to be completed as part of the original Emerald Star Application.*

Donations List (*If you plan to solicit donations for your project, list the agencies/companies/individuals you plan to contact*)

NAME	ITEMS	CONTACT



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Timeline and Plan of Action

List your timeline steps and completion dates (When will you start, how often will you present your program or perform your activity, when will you finish.)

Starting Date _____ Projected Completion Date _____

Use this table to chart out steps to prepare your application of your project (*suggested activities are included – this is not a complete list of activities, add/delete as needed*).

Planned Action	Target Date	Completion Date
Select and Meet with Project Mentor		
Meet with individuals to assist with the project, i.e. potential presenters, community representatives, etc.		
Complete Section I of application as a team, including timeline, and budget – review with adult advisor.		
Complete Section II of the application individually – review with adult advisor		
Submit final application with budget, timeline, and flyer to the UCCE Office.		
Attend interview with the Emerald Star Committee and present Emerald Star Project plan.		

Use this table to chart out steps to implement your project.

Planned Action	Target Date	Completion Date



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Use this table to chart out your final steps upon completion of your project.

Planned Action	Target Date	Completion Date
Complete Final report		
Prepare presentation		
Meet with Emerald Star Committee and present project		
Submit final report to Management board		
Attend achievement night		

Section II (individual)

What are your personal goals for this project, or what do you hope to accomplish or achieve?

How will this project demonstrate your leadership ability and how will your leadership skills be utilized?

How will this project demonstrate your ability to work with others?



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Emerald Star Project Plan Signatures

This is my plan of action for the Emerald Star project. I have read the Emerald Star information and understand my responsibilities for completing this project. I understand that this proposal must be approved by the Emerald Star committee before I begin working on the project.

Date _____ Signed _____
Emerald Star Applicant

As parent/guardian of the Emerald Star Applicant, I understand what is expected of my child. I understand that my role is to support and encourage my child with the project, not to perform any of the work. I understand that by performing any of the work for my child, the project may be disqualified, and no Emerald Star awarded. I understand and support my child in carrying out this project.

Date _____ Signed _____
Parent/Guardian Signature

I believe this applicant is ready to accept the challenge of the Emerald Star Project. I have listened to his/her proposal for a project and believe it is suitable for this 4-H member and that it should benefit the 4-H community.

Date _____ Signed _____
Community Club Leader Signature

Date _____ Signed _____
Emerald Star Mentor Signature



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Emerald Star Committee Project Plan Evaluation

For committee use

Member Name(s)

Title of Project

Yes ___ No ___ Project plan has a clear, measurable, attainable goal.

Yes ___ No ___ Project plan fills a need/gap in the 4-H Program or Community (or both) and is not duplicative of an existing program or project that has been completed previously.

Yes ___ No ___ The schedule is feasible.

Yes ___ No ___ The scope (cost, time, skills, and other resources needed) is manageable.

Yes ___ No ___ Budget, financing, and donation plan is clear and practical.

Yes ___ No ___ Youth understands and has a plan that will lead to success.

Committee Comments/Suggestions (Continue on next page if more room needed):

_____ **APPROVED**

_____ **NOT APPROVED (see below for required changes, once these are made, resubmit for review)**

Required Changes:

Committee Names/Signatures:

Emerald Star Committee Chair:

NAME _____ SIGNATURE _____

Emerald Star Committee Member:

NAME _____ SIGNATURE _____

Emerald Star Committee Member

NAME _____ SIGNATURE _____



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Committee Comments/Suggestions continued: