**Recommendation for CCE St. Lawrence County 4-H Paper Clover Scholarship, 2025**

This form is intended for individuals who know the 4-H scholarship recipient well, such as a 4-H leader, teacher, coach, or other adult mentor. Family members and Erie County 4-H Educators are not eligible to submit recommendations.

**Your Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Applicant's Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of Trip/Leadership Opportunity:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please rate the applicant in the following categories on a scale of 1-5:**

(1 = Below Average, 3 = Satisfactory, 5 = Above Average)  
*Choose NA (Not Applicable) if you do not know this aspect of the candidate.*

| **Category** | **Rating (1-5)** | **Comments (Optional)** |
| --- | --- | --- |
| Trustworthiness | \_\_\_\_\_ |  |
| Respect | \_\_\_\_\_ |  |
| Responsibility | \_\_\_\_\_ |  |
| Fairness | \_\_\_\_\_ |  |
| Caring | \_\_\_\_\_ |  |
| Service | \_\_\_\_\_ |  |

**What do you think the 4-H member will contribute to this 4-H trip/leadership opportunity? How do you think he/she will benefit from the opportunity?**

**By signing my name below, I recommend the applicant be considered for a St. Lawrence County 4-H Paper Clover Scholarship.**

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

**Your Name (Signed):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_