

# 2019 COOPERATIVE YOUTH CONFERENCE APPLICATION

APPLICANT'S NAME: PLEASE PRINT

Mr. Miss \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
Street or Box City State Zip Code

STUDENT EMAIL: \_\_\_\_\_

STUDENT CELL PHONE: \_\_\_\_\_

PRIMARY PHONE: \_\_\_\_\_ AGE: \_\_\_\_\_ GRADE IN SCHOOL: \_\_\_\_\_

PARENT/GUARDIAN(S) NAME: \_\_\_\_\_

PARENT CELL PHONE: \_\_\_\_\_

PARENT EMAIL: \_\_\_\_\_

T-SHIRT SIZE: **Small**      **Medium**      **Large**      **XL**      **2X**      **3X**

LIST ORGANIZATIONS AND CLUBS OF WHICH YOU ARE A MEMBER AND THE OFFICES HELD IN EACH, IF ANY (or attach extra sheet with this info):

## WHAT COOPERATIVES ARE YOUR FAMILY MEMBERS OF?

Electric Membership Cooperative (EMC)  
Dairy Farmers of America  
Staple Cotton Cooperative  
Maryland/Virginia Milk Producers  
GEMC Federal Credit Union

Farm Credit Services Bank  
Telephone Cooperative  
Other Marketing Cooperatives  
Other Supply Cooperative  
Other

## SPONSORING COOPERATIVE:

(co-op representative: also please note request at bottom of this form)

Name of Co-op and Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone/email: \_\_\_\_\_ / \_\_\_\_\_

**RECOMMENDATION:**

The above applicant is of high moral character and demonstrates qualities of honesty and integrity in leadership. I recommend that this applicant be considered for selection to attend the Georgia Cooperative Youth Conference.

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*Signature of Person Recommending Nomination*

**AFFIDAVIT:**

Knowing that any group or club is judged largely by the behavior of its individual members, I hereby pledge to conduct myself at this conference in a manner that would be a credit to the organization that I represent. I therefore apply for consideration to attend the Georgia Cooperative Youth Conference.

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*Signature of Youth*

***Note: Nominations should be submitted by June 20, 2019.***

**PLEASE RETURN FORM TO:**

Georgia 4-H State Office  
c/o Dr. Sue Chapman  
303 Hoke Smith Annex, UGA  
Athens, Georgia 30602  
Or email to [chapmans@uga.edu](mailto:chapmans@uga.edu)

