



Edgar County Independent Study Agreement



Name: _____ Years in 4-H: _____

Address: _____

City/State/Zip: _____ Phone: () _____

E-mail address: _____

Last Community Club in which you were a member: _____

Why do you wish to participate in the Independent Study program? (Be as specific as possible.)

By participating in the Individual Study program, I will: (Describe what you agree to do, learn or accomplish during this 4-H year.)

List your goals. (They should challenge your skills beyond what you have previously learned in the project areas.)

In order to participate in the 4-H Fair exhibition:

1. An Independent Study 4-H member must complete the Edgar County Independent Study Agreement at the time of enrollment. Edgar Unit Staff must approve the agreement and mentor assignment.
2. Each Independent Study member shall have a minimum of six [6] contacts with a designated mentor. Mentors may be a club leader or an Extension Staff member. Contacts may be in person, through written correspondence, telephone conversations or e-mail and must be monthly, beginning no later than January of the program year. Contacts must include information on 4-H project work planned or accomplished.
3. Each Independent Study member shall participate as part of their aligned community club's responsibilities for BOTH the 4-H BBQ (including assisting at the BBQ Bash) AND fair participation.

_____ will serve as my mentor for this 4-H year. His/her contact information is: _____

Agreement must be signed and approved:

Member _____ Date _____

Adult Mentor _____ Date _____

Unit Staff Approval _____ Date _____