Maryland 4-H Diamond Clover Award Program
Level Two (Aquamarine) - Plan & Report

Name ________________________________________________ Phone __________________
Address ______________________________________________________________________
Town/State/Zip ______________________________________________________________________
4-H Unit (County/City/Military 4-H Program) ________________________________________
Club(s) ______________________________________________________________________
Age _____ Birth Date ____________ Years in 4-H _____ (including this year)

Level Two - Diamond Clover Plan (complete at the beginning of the 4-H year)

Check at least four tasks/skills you plan to accomplish this 4-H year:

___ Attend at least 60% of club meetings
___ Compete in a local 4-H unit (county, city or military 4-H program) contest
___ Attend at least two local 4-H unit (County/City/Military 4-H Program) activities or workshops
___ Help with a club or community service-learning project
___ Help with a club or community fundraiser
___ Attend a day or resident camp, conference or overnight experience representing 4-H
___ Complete at least one 4-H project

I have reviewed this plan and find it complete, accurate and adequate to meet the requirements of Level Two (Aquamarine) of the Maryland 4-H Diamond Clover Award Program.

4-H Member Signature ___________________________________________ Date ___________
Parent/Guardian Signature ________________________________________ Date ___________
Club Leader Signature ___________________________________________ Date ___________

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Level Two - Diamond Clover Report (complete at the end of the 4-H year)

List the tasks completed/skills learned and the date completed below.

First Task/Skill ___________________________________________ Date ___________

Explain what you did/learned: _____________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Continued on next page
(Attach additional pages as needed)
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Second Task/Skill __________________________________________ Date _____________
Explain what you did/learned: _____________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Third Task/Skill ___________________________________________ Date ______________
Explain what you did/learned: _____________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Fourth Task/Skill __________________________________________ Date ______________
Explain what you did/learned: _____________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Comments ____________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

I have reviewed this report and find it complete, accurate and meeting the requirements of Level Two (Aquamarine) of the Maryland 4-H Diamond Clover Award Program.

4-H Member Signature __________________________________________ Date _____________
4-H Parent/Guardian Signature ______________________________________ Date _____________
4-H Club Leader Signature _________________________________________ Date _____________

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