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**

____________________________________________________________________________
Explain what you did/learned: _____________________________________________________
____________________________________________________________________________
____________________________________________________________________________

(Attach additional pages as needed)
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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