

SUPER JG AWARD APPLICATION

Member Name	Date of Birth:	Age	Date Joined Jr. Grange
Address	City	State	Zip
Subordinate Grange	Number	State	Master Name
Junior Grange Name	Number	State	Type of Membership: Jr Grange Member: <input type="radio"/> 1+Member <input type="radio"/>
Junior Leader	Phone	Addresss	City, State, Zip

Requirements	Requirements Met/Certified by	Date Completed
1. Junior Member at least 2 years		
2. Attach completed Super JG test		
3. Ability to recite the JR Grange Pledge		
4. Enter 4 State/ National Contests		
5. Recruit new Jr Grange Member		
6. Able to explain the opening and closing procedures		
7. Merit Badge completing: 5 badges in each category		
8. Organize community service project-include pictures		
9. Attach 2 letters of recommendation (1) Junior Leader (2) Educational Leader		
As Junior Leader I certify that _____ has qualified for the Super JG Award, having met all requirements for this award.	Signature of Jr. Leader:	Date Submitted: