

4-H SCHOLARSHIP APPLICATION



Scholarship are available for children of families with financial need depending on donations received. Schlorship awards vary based on contributions from the community. Please answer all questions on this application. Priority may be given to children who have not previously received a 4-H Scholarship to attend a 4-H event.

ALL INFORMATION ON THIS FORM WILL REMAIN CONFIDENTIAL. (PLEASE PRINT)

Child's Name _____ Age _____ DOB ____/____/____

Mailing Address _____

Parent's/Guardian's Name _____

Phone (Home) _____ (Work) _____ (Cell) _____

Email Address _____

Why does your child need a schlorship? (Please give examples, such as loss of a job in family, medical bills, educational expenses, etc.) _____

How do you think this 4-H event will benefit your child? _____

Has this child received a 4-H camp schlorship in previous yers? Yes _____ No _____

_____(Parent/Guardian Signature)
