

JEFFERSON COUNTY 4-H ASSOCIATION

4-H Scholarship Application—***Filled out by participant, with signatures required.***

Please complete and return this form to the Jefferson County 4-H Association, 850 NW Dogwood Lane, Madras, Oregon 97741.

Name:	Phone:
Address:	Cell:
	Email:
Parents:	
4-H Leader:	
4-H Project(s):	
Are you currently a member of 4-H? Yes No	
If not, would you like information? Yes No	

Requesting scholarship for: *(please circle all that apply)*

Youth Training* Leader Training* Other*

For what activity are you applying for a scholarship? _____

Date of activity: _____

Location: _____

What is the full cost of the activity? _____

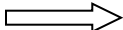
Amount you or your family contribute toward this activity? _____

Please itemize expenses: registration_____meals_____lodging_____

(Please be prepared to turn in receipts)

travel_____other_____

What do you plan to learn from attending this event or activity? _____

Over 

How will you share what you have learned at this event or activity with your 4-H club or with the Jefferson County 4-H Program? _____

I understand that the Executive Council would like to hear about my experience, I would like to report to the council on: _____

(The Executive Council meets on the third Monday evening of each month.)

Thank you for considering my scholarship application.

Sincerely,

(Signature) (Date)

(Signature of Parent or Guardian) (Date)

***All applications must be filled out and signed by the participant and accompanied by the signature of a parent or guardian to be considered.**

EXECUTIVE COUNCIL ACTION	
Amount approved:	
Reason for disapproval:	
Check #:	Pay from Account #:
Treasurer Signature:	Date: