



# Scholarship Application

## Wheeler County 4-H



Name \_\_\_\_\_ Phone \_\_\_\_\_ Grade \_\_\_\_\_ Year in 4-H \_\_\_\_\_

Mailing Address \_\_\_\_\_

Have you received a 4-H scholarship before? \_\_\_\_\_ If yes, did you attend the function? \_\_\_\_\_

Did you send a thank you note? \_\_\_\_\_ For what 4-H activity are you applying? \_\_\_\_\_

What is the total cost of this activity? \_\_\_\_\_

I would like to request a scholarship to attend this activity. Please choose one:

- I would like a partial scholarship of \_\_\_\_\_ dollars to attend this activity (maximum amount is 80% of registration cost).
- I won't be able to attend financially without more support. I would like a nearly full scholarship to attend this activity. How much could you, or your family, contribute to attending this activity? \_\_\_\_\_

Why would you like to attend this activity? \_\_\_\_\_

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What do you think you will learn from this experience? \_\_\_\_\_

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How will you share what you learned with your community? \_\_\_\_\_

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I understand that if I am awarded this scholarship and do not attend the activity, I may not be eligible for future scholarships. I may be asked to give a report to the 4-H Association at their meeting.

\_\_\_\_\_ Date \_\_\_\_\_ Member Signature \_\_\_\_\_ Parent's Signature \_\_\_\_\_

Return this application to the Wheeler County Extension Office, PO Box 407, Fossil, OR 97830



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