

Scholarship Application, Lincoln County 4-H

Date: _____ Years in 4-H: _____ Current Grade in School: _____

Name: _____

Address: _____

City: _____ County: _____ State: _____ Zip: _____

Main Phone: _____ Alternate Phone: _____

Date of Birth: _____ Age as of January 1st: _____

Event Attending: _____

Date of Event: _____ Cost of Event: _____

Amount Requesting: _____ Have you attended this event before? Yes ___ No ___

Other Scholarships or amounts that you are requesting:

Explain why you would like to go, what you hope to gain from this experience and why you feel that you are a qualified applicant. Use the back of this page if necessary.

Following this activity, how will you share the ideas and information gained by your attendance so that it will contribute to the 4-H program in your county? Use the back of this page if necessary.

The undersigned verify that this application has been prepared by the applicant and accurately reflects his/her work.

Signature of 4-H Member: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

Signature of 4-H Leader: _____ Date: _____

Date Received: _____ Reviewed By: _____

Approved ___/Disapproved ___ Check #: _____ Amount Approved: _____