

**DISTRICT III LEADER'S ASSOCIATION SCHOLARSHIP APPLICATION**

Date: \_\_\_\_\_ Years in 4-H: \_\_\_\_\_ Current Grade in School: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City, County, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age as of Jan. 1: \_\_\_\_\_

Event attending: \_\_\_\_\_

Date of Event: \_\_\_\_\_ Cost of Event: \_\_\_\_\_ Amount Requesting: \_\_\_\_\_

Have you ever attended this event before? Yes \_\_\_\_\_ No \_\_\_\_\_

Other scholarships or amounts that you are requesting: \_\_\_\_\_

\_\_\_\_\_

Other scholarships and/or amounts that you have received for support of this event: \_\_\_\_\_

\_\_\_\_\_

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 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 Rec'd: \_\_\_\_\_ Reviewed By: \_\_\_\_\_

Approved  / Disapproved  Check #: \_\_\_\_\_ Amount Approved: \_\_\_\_\_