



4-H Event Scholarship Application

Stevens County 4-H Leaders' Council

All event scholarship applications must be accompanied by an up-to-date 4-H Record Book. Applications submitted during October, November, and December may use the previous 4-H year's completed Record Book.

Name: _____ Date: _____

Address: _____

Home Phone: _____ Parent's Work Phone: _____

Parent's Name: _____

Age: _____ Current Grade: _____ Year in 4-H: _____

Amount Requested: _____ 4-H Club: _____

1. What 4-H event are you planning to attend? _____

2. Have you attended this event before? _____ If so, how many times? _____

3. Why are you interested in this opportunity? _____

4. What kinds of activities will you be participating in at this event? _____

5. What do you expect to learn or gain from going? _____

6. How will your opportunity contribute to the 4-H program in our county? _____

7. Have you received scholarship funds in the past? no yes
If yes, for what events/activities: _____

8. Please mark two opportunities below where you will share your learning experience. If you do not fulfill two of the requirements below you may be ineligible for future scholarship assistance from Leaders' Council. It is your responsibility to follow through on this. If you visit another 4-H club, a school, or civic group please have a representative of the group write what you did and sign and date, then you can bring it to the Extension office.

- A 4-H Club (not yours)
- Local Civic Groups
- 4-H Leaders' Council
- Call the Extension office at 684.2588 or email sgordon@wsu.edu to volunteer for 4-H if the above opportunities do not fit into your schedule.
- A School
- Sensational Saturday
- Other: _____

I understand that if I am unable to attend the event I receive an event scholarship for I must notify the WSU Stevens County Extension office at 684.2588 as soon as possible. I also understand that if I am unable to receive a refund from the event I will reimburse Stevens County 4-H Leaders' Council the scholarship amount.

Signature of Applicant: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

Signature of 4-H Leader: _____ Date: _____

4-H Office Use

Date Authorized by Leaders' Council: _____ Amount Granted: \$ _____

Applicant has completed the following two requirements:

1. _____ Date: _____

2. _____ Date: _____