



Walla Walla County 4-H Youth Enrollment Scholarship Request Form

Established to assist 4-H families with financial hardships.

****Scholarships are not automatically renewed and must be applied for each program year. Previously awarded scholarships do not prevent future scholarship requests.*

Priority will be given to those requests submitted to the EXTENSION OFFICE by **January 1st** of the current 4-H Program Year for re-enrollments. New 4-H member by March 15th.

Name(s): _____

4-H Club Name _____

Scholarship assistance for program year _____ / _____

Partial scholarships are available: you may request up to \$15 per youth enrollment. Amount of money requested:

\$ _____ **Full Scholarship (\$15)**

\$ _____ **Partial Scholarship**

Does your family qualify for Free and Reduced-Price School Meals or SNAP, TANF, EACAP or HEAD START?

Please check: YES or NO

OR

Briefly explain your need for this scholarship. (Application information will be kept confidential and will only be reviewed by the Extension 4-H staff. Information will NOT be shared with anyone else.)

IMPORTANT: If you are approved for a scholarship, you are encouraged to volunteer one hour for every \$5 in scholarship money granted. There are many 4-H volunteer opportunities throughout the Program Year.

Youth Signature(s) _____

Parent Signature _____