

TOMPKINS COUNTY 4-H YOUTH DEVELOPMENT **SCHOLARSHIP APPLICATION**

(Office Use Only)
Approved by: _____
Applying for: _____
Amount Awarded: _____
Account used: _____

Application date must be more than 14 days prior to date of event.

Today's Date: _____

Name: _____ Gender: Male Female

Date of Birth: _____ Age: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Alternate Phone: _____

Email: _____

4-H Youth Development Program Participation

Are you currently a member in 4-H? Yes No

Check here if you are an independent member

What is your club/program name? _____

Event Information

Answer the following based on the _____ event/program the scholarship will be for.
(event name)

Date of Event: _____

Please list additional family members that will be attending this event:

Have you ever received a scholarship in the past? Yes No

If yes, then for which event? _____

Total (estimated) cost of participating in this activity: _____

Amount requested: _____ *(maximum amount to request is 50% of total cost)*

I understand that I will participate in at least one of the following if I am awarded this scholarship:

(please initial) 4-H Duck Race

(please initial) 4-H Acres Youth Fair

(please initial) Opportunity arranged with 4-H Educator(s)

★ Please Turn Over ★

Why is participating in this event important to you? How will you benefit from participating?

Would you be able to participate without the scholarship? Briefly explain.

Why should you receive this scholarship?

How will you contribute to the Tompkins County 4-H program as a result of your participation?

I certify that the information contained here is correct and is truthful, to the best of my knowledge. I agree that if any of the information contained herein is found to be falsified in any way, my application will immediately become null and void.

Signature of Applicant

Date

Signature of Parent or Guardian

Date

★ End of Application ★