Otsego County 4-H Council Scholarship Application

For Registered 4-H Members

Date _____

Name _____

Address _____

Phone _____

Birthdate _____

4-H Age _____ (as of Jan 1st of the current year)

Email _____

School _____

Grade _____

Years in 4-H _____

Club _____

Leader _____

PLEASE COMPLETE THE FOLLOWING:

****

Event Name: _____

Event Location: _____

Event Date(s): _____

Event Cost $ _____

Cancellation Deadline: _____

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1. 4-H Club Attendance: Please list the club meetings and activities you have participated in this year (current program year):

2. 4-H County, Regional and State Events: Please list your participation/dates attended in any of these 4-H events over the past 2 years:

3. 4-H Leadership: Please check all that apply and the appropriate year:

Position	**Year(s):**
☐ President	_____
☐ Vice President	_____
☐ Secretary	_____
☐ Treasurer	_____
☐ 4-H Council	_____
☐ Camp Counselor	_____
☐ Other _____	_____

4. Why do you want to attend this event?

_____

_____

_____

_____

_____

_____

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5. How will you use this new knowledge or new skills after the event?

_____

_____

_____

_____

_____

6. If awarded this scholarship, we require volunteer participation in FOUR or more Community Service opportunities.

Please indicate which event(s) you would like to help with. "Other" can be helping at Spring Break Extravaganza, Wreaths Across America etc.

- ☐ TSC Clover Campaign
- ☐ Adopt-a- Roadway
- ☐ Achievement Days Banquet
- ☐ Other:_____

7. Cancellation Policy: Individuals who do not cancel and do not attend will be charged the full workshop fee which will be due within 15 days of the workshop. All scholarship money will be forfeited.

By signing this application, you agree that the information provided is correct and you understand the volunteer requirements and cancellation policy.

Youth Signature & Date _____

Parent Name _____

Parent Signature & Date _____

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If you have questions regarding the completion of this application, please contact 4-H Program Coordinator Liv Fox at the MSU Extension office: foxolivi@msu.edu or 989-731-0273.

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4-H Leader Recommendation

To be completed by your current 4-H Club Leader and turned in with the application.

Leader Name: _____

4-H Club Name: _____

Name of 4-H member requesting scholarship: _____

4-H Member Club Attendance:
This member must currently be a registered and active youth in your local 4-H Club.

Number of club meetings held by this program year so far: _____

How many of these club meetings has this member attended? _____

Please describe this member's contributions to 4-H and explain how this event will benefit them.

_____

_____

_____

_____

_____

_____

_____

****

Leader's Signature: _____ Date: _____

Note to leaders:
Please follow-up with this 4-H member after the event, discuss what they learned, and encourage them to share some of their new knowledge or a new skill with the club at your next club meeting.

For Awards/Scholarship committee: Amount granted: _____Date:_____