

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: _____