

Neosho County 4-H Development Fund Event Scholarship Application

Name _____ 4-H Club _____

Complete Address _____

Telephone # _____

4-H Age (as of Jan 1 of current year) _____ Birth Date _____

Year in school _____

Name of event for which you are applying for a scholarship:

Total cost of event: \$ _____

Amount of assistance your club is providing \$ _____

How do you plan to benefit by participating in this event?

How do you plan for the county 4-H program to benefit from you participating in this event?

Misconduct of 4-H'er may result in reimbursement of scholarship to the 4-H Development Fund.

4-H'er Signature _____

Parent/Guardian Signature _____

- ❖ Submit this application prior to the event
- ❖ Scholarship amount is event specific.

- Approved
- Disapproved

Date _____ 4-H Development Fund Representative _____

Date _____ 4-H Development Fund Representative _____