



Macomb County 4-H YOUTH MEMBER Training/Workshop Scholarship Application

Please email completed applications at least 2 weeks before your event registration deadline to Macomb.4h@macombgov.org.

Questions? Call the Macomb County 4-H Office at 586-469-6431.

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: MI Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name of 4-H training/workshop for which you are requesting a scholarship: \_\_\_\_\_

Event registration deadline: \_\_\_\_\_ Cost of event (\$): \_\_\_\_\_

Name of Organization (if not MSUE): \_\_\_\_\_

Address (if not MSUE): \_\_\_\_\_ City: \_\_\_\_\_ State: MI Zip: \_\_\_\_\_

How will you use the information from the training/workshop you attend:

Include a short paragraph describing why you wish to attend this event.

Award recipients are asked to share what they learn through their experience with the 4-H community. Please select at least one way that you will complete this requirement:

- \_\_\_ E-newsletter article
\_\_\_ Facebook/Instagram post
\_\_\_ Club meeting presentation
\_\_\_ Countywide event presentation
\_\_\_ Macomb County 4-H Youth Council Presentation
\_\_\_ Other (please specify: \_\_\_\_\_)

4-H Youth Signature: \_\_\_\_\_ Date: \_\_\_\_\_

4-H Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

OFFICE USE ONLY
Date application received: \_\_\_\_\_ Approved? \_\_\_ Yes \_\_\_ No (If no, list reason in notes section)
Scholarship award type(s) and amount(s): \_\_\_\_\_
MSU Extension staff signature: \_\_\_\_\_ Date: \_\_\_\_\_
Notes: \_\_\_\_\_