## 4-H Event Scholarship Application

Participant Name		
	City	
Phone	Email	
Name of 4-H event for whic	ch you need the scholarship	
Registration deadline for ev	vent	
Cost of Event \$	Amount of scholarship you ne	ed \$
Funds will be sent directly t	o the event registrar.	
If you fail to attend the ever	nt, 100% of scholarship amount must be rep	oaid within 2 weeks of the
event.		
PLEASE RETURN 2 WEE	KS BEFORE YOUR EVENT REGISTRATION	ON DEADLINE.
Please include your short p	paragraph describing why you wish to attend	this event. Use the back of
this page for your paragrap	oh. Do not use extra pages. Keep to 50 wo	ords.
Final decision	on for this scholarship will be determined by	4-H staff
Date Received		
Date Reviewed	TI AND (	COUNTY 4-H
Date Processed	OAKLAND	. 14

Amount Funded \_\_\_\_\_

Reply Sent \_\_\_\_\_