



**MACOMB COUNTY 4-H COUNCIL SCHOLARSHIP APPLICATION FORM**  
*(See scholarship criteria on back of form)*



**All applications must be typed or clearly written.**

**APPLICANT INFORMATION**

Name of Applicant: \_\_\_\_\_ Date of Application: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Primary 4-H Club/Program: \_\_\_\_\_ No. of years in 4-H: \_\_\_\_\_ 4-H Age: \_\_\_\_\_  
 (As of Jan 1)  
 Are you eligible for free/reduced lunch at school or food stamps? Yes \_\_\_\_\_ No \_\_\_\_\_  
 (Documentation may be required)

**SCHOLARSHIP INFORMATION**

Name of Event/Workshop/Training: \_\_\_\_\_  
 Event Date(s): \_\_\_\_\_ Event Cost: \_\_\_\_\_ Event Location: \_\_\_\_\_  
 Describe your involvement in 4-H programs. (Training/workshops attended, group/club events, fundraisers, county, state, national events, etc.)

Describe your community service activities this past year. (Please Note-Each Scholarship Award requires community service: Out of State Awards=10 hrs, State Awards=5 hrs, County Awards=2 hrs)

Date	Description	Hours	Community Service Supervisor's Signature and Title	Community Service Supervisor Phone #

Describe why you want to attend this event or describe what you learned at the event?

How will you be sharing your experience at the county level? Must check at least one:

Newsletter article \_\_\_\_\_ Poster Display \_\_\_\_\_ Group/club Training \_\_\_\_\_ Group Presentation \_\_\_\_\_  
 Fair Exhibit \_\_\_\_\_ Other please describe \_\_\_\_\_

**By applying for this scholarship, I recognize the generosity and support of the 4-H Council in providing financial assistance. I also agree to follow Macomb County Code of Conduct Guidelines.**

Member Signature: \_\_\_\_\_ Parent Signature: \_\_\_\_\_

General Leader/Mentor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE RETURN SCHOLARSHIP APPLICATION FORMS TO:** Macomb County MSU Extension, 4-H Department-Finance Committee, 21885 Dunham Ste. 12, Clinton Township, MI 48036

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