



EXPLORATION DAYS –MSUE SCHOLARSHIP REQUEST FORM

RETURN TO:

Macomb County MSUE 4-H Office
Attn: Tina Fleming
21885 Dunham Road, Suite 12
Clinton Township, MI 48036

BY: Exploration Days Registration Deadline

Date _____

Participant's Name _____

Address _____

Home Phone _____ Age (as of January 1, of this year) _____

4-H Member _____ Yes _____ No

Club Name _____

Number of years in 4-H (not as a Cloversprout) _____

1. Is this your first time attending Exploration Days? _____

2. How many members of your family, *including yourself*, will be attending Exploration Days? _____

3. Would you be willing to give a post-experience presentation at the club, school, or County level to inform others about your experience? _____

4. Would you be able to attend Exploration Days **without** this scholarship? If no, why.

Participant's Signature _____ Date _____

Parent's Signature _____ Date _____

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