



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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