

# Clackamas County 4-H Leaders Association

## Need-based Scholarship Application

*All information is kept confidential*

Participant's Name \_\_\_\_\_ Club \_\_\_\_\_

Parent/Guardian Name(s) \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_  Home  Cell Email \_\_\_\_\_

Event \_\_\_\_\_ Cost \_\_\_\_\_

How much scholarship money are you applying for? \$ \_\_\_\_\_

1. 4-H affiliation:  Member  Leader  Not affiliated
2. Do you have a Clackamas County 4-H Program Dollar Award coming to you?  Yes  No  
Program Dollars are earned through participation in the Record Book Contest and the Presentation Contest during the 4-H year.
3. What is your gross annual household income (choose one):  less than \$25,000  \$25,000-\$45,000  
 \$45,000-\$65,000  over \$65,000
4. How many children (under 18) are in your household \_\_\_\_\_
5. Have you or your child ever been to this event before?  Yes  No
6. Any other information the selection committee should know? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*"I understand that Need Based scholarships are given at the discretion of the Clackamas County 4-H Leader's Association Board of Directors, and are subject to availability. All scholarships are on a first come, first served basis."*

\_\_\_\_\_  
*Signature of Parent or Guardian (required)*

\_\_\_\_\_  
*Date*

**Return this form to:** OSU Extension Service  
200 Warner Milne Rd  
Oregon City OR 97045

*Office Use Only:*

Amount Awarded \$ \_\_\_\_\_ Date Approved \_\_\_\_\_ Source \_\_\_\_\_

Check # \_\_\_\_\_ CCLA Officer Signature \_\_\_\_\_