

**EARLE A. CHILES 4-H SCHOLARSHIP
REQUEST FOR SCHOLARSHIP FUNDS**

ATTENTION: **4-H Leaders' Association
Crook County Extension Office
498 S.E. Lynn Blvd.
Prineville, Oregon 97754**

I, _____ have currently enrolled at

(name of school, college or university)

I successfully completed at least one year of schooling at _____

_____ with a GPA of _____.

Please send the payment of the Earle A. Chiles 4-H Scholarship to:

_____ (Name)

_____ (Address)

_____ Enrollment Verification

_____ Unofficial Transcript from College

_____ Scholarship Recipient
Information Form

_____ Photograph

OFFICIAL USE ONLY

_____ Approved for payment

