

**LANE COUNTY 4-H LEADERS' ASSOCIATION
4-H MEMBER & LEADER APPLICATION
FOR SCHOLARSHIPS**

Name: _____ Telephone: _____ Date _____

Address: _____

4-H Club Name: _____ Club # _____

Currently enrolled in the following projects:

(1) Event _____ Date of Event: _____

Location of Event: _____

Registration Fee: (ONLY) \$ _____

AMOUNT TO BE REIMBURSED \$ _____

(2) How will you share the information:

___ Presentation at your club ___ At an Extension sponsored clinic or Field Day

___ Community Service Event ___ Other (please explain):

Please note: This form needs to be pre-approved before attending the event. In some cases the office will be able to send advance payment for 50% of the fee (scholarship application needs to be in 60 days in advance for pre-payment to occur). In other cases, your 50% reimbursement will be processed after you submit proof of attending the event. Contact Extension Office Staff to determine if pre-payment is possible. If you do not attend the event the scholarship will be cancelled.

I give my approval and support for _____ to apply for
this Scholarship. (4-H Members name goes here)

Signature of Parent/Guardian

Official use	
Date received	_____
Leader Council approval	_____
Date Paid	_____