



# Wasco County 4-H Scholarship Application

All information is kept confidential.

Participant's Name \_\_\_\_\_ County \_\_\_\_\_

Parent(s) Name(s) if Minor \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

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

How much scholarship money are you applying for? \$ \_\_\_\_\_ (Scholarships are generally awarded for no more than 50% of the cost of the event.)

Explain the need/event – why do you feel you qualify for a scholarship?

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*I understand that scholarships are given at the discretion of Wasco County 4-H and are subject to availability.*

\_\_\_\_\_  
*Signature of Parent or Guardian*

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

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**Return this form to: Wasco County 4-H  
400 E. Scenic Dr., Suite 2.278  
The Dalles, OR 97058**

Office Use Only: Amount Awarded \$ \_\_\_\_\_ Date Approved \_\_\_\_\_ Source \_\_\_\_\_  
Check # \_\_\_\_\_ Date Paid \_\_\_\_\_