

# SCHOLARSHIP APPLICATION

for

**Jackson County 4-H Leaders' Association Scholarship**

or (do separate form for each)

**Dennis Nevin Memorial 4-H Scholarship**

*(Be sure to read and follow eligibility & application requirements on the appropriate scholarships located in the previous section. Submit separate applications for the scholarships **and circle the name above.**)*

Name \_\_\_\_\_ *Social Security # will only be requested after winner chosen*

Mailing Address \_\_\_\_\_

Telephone Number \_\_\_\_\_ Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name of Parent or Guardian \_\_\_\_\_

## **Education & Career Plans**

Name/Address of school you plan to attend \_\_\_\_\_

\_\_\_\_\_

Date you plan to enroll \_\_\_\_\_

Indicate your probable area of study/major \_\_\_\_\_

Briefly state your future education and career plans:

**4-H Experiences**

4-H Club(s) in which you are currently enrolled \_\_\_\_\_

\_\_\_\_\_

Number of years in 4-H \_\_\_\_\_

Explain briefly the 4-H projects in which you have been enrolled and the scope (i.e. related activities, size of project) of involvement in the projects:

Explain your current 4-H involvement (i.e. how you are active in the 4-H program now), projects you are now carrying and the scope of each:

Leadership in 4-H:

School and Community Activities (include hours):

Community Service Activities, club/local level:

At County level:

At State level:

How have your experiences in 4-H prepared you for life after graduation?

In the space below, explain why the scholarship committee should select you for this scholarship.

**Financial Analysis**

Explain your need for financial assistance to provide for your college education during the next year and describe your plans for meeting this financial need. Add any extenuating family circumstance you want the committee to consider.

List anticipated college costs for the next year:

Tuition Fee \$ \_\_\_\_\_ Board \$ \_\_\_\_\_ Room \$ \_\_\_\_\_

Books \$ \_\_\_\_\_ Lab Fees \$ \_\_\_\_\_ Personal Expenses \$ \_\_\_\_\_

Transportation \$ \_\_\_\_\_ Other \$ \_\_\_\_\_

Number of children in family \_\_\_\_\_ Number of children/adults in college \_\_\_\_\_

**Leader Statement**

In the space below (or with an attached letter), please provide a brief evaluation of the applicant and their involvement. Indicate special circumstances, such as financial need, which should be considered.

**Scholarship Information**

Grade point average (GPA)\_\_\_\_\_ (Important note: base GPA on A = 4.0. If scale is other than A = 4.0, please convert to a 4.0 scale.)

I certify that the information provided in this application is true, correct, and complete to the best of my knowledge.

Member's signature\_\_\_\_\_ Date\_\_\_\_\_