## SCHOLARSHIP APPLICATION FOR MEMBERS GRADUATING FROM THE 4-H PROGRAM IN 2022

## Sponsored by the Iowa County 4-H Leaders Association

Scholarship applicants must have been an Iowa County 4-H member for three years prior to graduation, be a 4-H member in good standing, and demonstrate a positive attitude, leadership, and responsibility.

Youth are eligible for 4-H membership one year after graduating from high school.

| Name  |                 |           |         |                    |  |  |  |  |  |
|---|-----------------|-----------|---------|--------------------|--|--|--|--|--|
| Address   |                 |           |         |                    |  |  |  |  |  |
| Parent or Guardian  |                 |           |         |                    |  |  |  |  |  |
| Years in 4-H 4-H Club   | D               |           |         |                    |  |  |  |  |  |
| Have you attended:  |                 |           |         |                    |  |  |  |  |  |
| National 4-H Congress   |                 |           |         | dicate the year    |  |  |  |  |  |
| State 4-H Youth Conference  | N               | ر  را     | /es Ind | dicate the Year    |  |  |  |  |  |
| Citizenship Washington Focus  |                 |           |         | licate the Year    |  |  |  |  |  |
| Have you received the 4-H Key Award?  |                 | lo      ' | es Ind  | dicate the Year    |  |  |  |  |  |
| Date of High School Graduation: 4-H Graduation Year:  |                 |           |         |                    |  |  |  |  |  |
| Post High School Institution You Plan to Attend or Are Attending:   |                 |           |         |                    |  |  |  |  |  |
| Did you complete a 4-H record book your la  | st year in 4-H? | ·         |         |                    |  |  |  |  |  |
| Did you participate in at least four 4-H Club events (meetings, fund raisers, or community service activities) in the last two years you were in 4-H?                   |                 |           |         |                    |  |  |  |  |  |
| MAJOR 4-H PROJECTS  List major projects you have been enrolled in and indicate years and if presently enrolled. Do not exceed space allowed. Be selective if necessary. |                 |           |         |                    |  |  |  |  |  |
| Project   |                 | No. Years |         | Presently Enrolled |  |  |  |  |  |
| 1.  |                 |           |         |                    |  |  |  |  |  |
| 2.  |                 |           |         |                    |  |  |  |  |  |
| 3.  |                 |           |         |                    |  |  |  |  |  |
| 4.  |                 |           |         |                    |  |  |  |  |  |
| 5.  |                 |           |         |                    |  |  |  |  |  |
| 6.  |                 |           |         |                    |  |  |  |  |  |

1. How has 4-H impacted you?

| 2.  | <ol> <li>Describe one local 4-H club leadership experience you have had in 4-H. What did you do? What was the impact of your leadership role? (Use back of page, if necessary).</li> </ol> |  |  |  |  |  |  |  |  |
|-----|--|--|--|--|--|--|--|--|--|
|     |  |  |  |  |  |  |  |  |  |
|     |  |  |  |  |  |  |  |  |  |
|     |  |  |  |  |  |  |  |  |  |
|     |  |  |  |  |  |  |  |  |  |
| 3.  | List 4-H activity and leadership involvement (based on last 5 years) at the county, regional, or state level.  |  |  |  |  |  |  |  |  |
|     |  |  |  |  |  |  |  |  |  |
|     |  |  |  |  |  |  |  |  |  |
|     |  |  |  |  |  |  |  |  |  |
|     |  |  |  |  |  |  |  |  |  |
| 4.  | Looking over your 4-H career, what contributions do you feel you have made to your club, your community, your country, and your world?   |  |  |  |  |  |  |  |  |
|     |  |  |  |  |  |  |  |  |  |
|     |  |  |  |  |  |  |  |  |  |
|     |  |  |  |  |  |  |  |  |  |
|     |  |  |  |  |  |  |  |  |  |
|     |  |  |  |  |  |  |  |  |  |
|     | s application must be accompanied by <b>one adult recommendation</b> from someone other than a family  |  |  |  |  |  |  |  |  |
| mem | ber. Please do not add pages. Return this by September 30, 2022 to the Iowa County Extension Office,   |  |  |  |  |  |  |  |  |

303 W Chapel Street, Ste. 1200, Dodgeville, WI 53533.

## RECOMMENDATION FROM CLUB LEADER

(NOT A PARENT OR RELATIVE)

Name of 4-H Member\_\_\_\_\_

| As part of the selection process for Iowa County 4-H Scholarships, the selection committee is seeking recommendation and information for candidates. Please provide us with your input regarding the following areas: |                 |               |              |              |                 |  |  |  |  |
|---|-----------------|---------------|--------------|--------------|-----------------|--|--|--|--|
|   | <u>Unknown</u>  | Poor          | Fair         | Good         | Excellent       |  |  |  |  |
| Leadership Qualities  |                 |               |              |              |                 |  |  |  |  |
| Maturity  |                 |               |              |              |                 |  |  |  |  |
| Participation in 4-H Program  |                 |               |              |              |                 |  |  |  |  |
| Responsibility  |                 |               |              |              |                 |  |  |  |  |
| Positive Attitude   |                 |               |              |              |                 |  |  |  |  |
| Please provide additional comments in the space below:  |                 |               |              |              |                 |  |  |  |  |
|   |                 |               |              |              |                 |  |  |  |  |
|   |                 |               |              |              |                 |  |  |  |  |
|   |                 |               |              |              |                 |  |  |  |  |
|   |                 |               |              |              |                 |  |  |  |  |
| Drint Vous Name   |                 | Tialo         |              |              |                 |  |  |  |  |
| Print Your Name:  |                 |               | nue<br>Date: |              |                 |  |  |  |  |
| Recommendations should be mailed 1200, Dodgeville, WI 53533 by Sept   | to UW-Extension | on, Attn. 4-l | H Scholars   | hip, 303 W C | hapel St., Ste. |  |  |  |  |



