

# 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 \_\_\_\_\_

Have you attended:

National 4-H Congress No \_\_\_ Yes \_\_\_ Indicate the year \_\_\_\_\_

State 4-H Youth Conference No \_\_\_ Yes \_\_\_ Indicate the Year \_\_\_\_\_

Citizenship Washington Focus No \_\_\_ Yes \_\_\_ Indicate the Year \_\_\_\_\_

Have you received the 4-H Key Award? No \_\_\_ Yes \_\_\_ Indicate 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 last 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?



# 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>	<u>Poor</u>	<u>Fair</u>	<u>Good</u>	<u>Excellent</u>
Leadership Qualities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participation in 4-H Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Positive Attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please provide additional comments in the space below:

Print Your Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Recommendations should be mailed to UW-Extension, Attn. 4-H Scholarship, 303 W Chapel St., Ste. 1200, Dodgeville, WI 53533 by September 30, 2022. **Please use this side of the page only.**



September 2021