

SCHOLARSHIP APPLICATION FOR MEMBERS GRADUATING FROM THE 4-H PROGRAM IN 2023

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 November 6th, 2023. **Please use this side of the page only.**



September 2023