



Hertford County Scholarship Application 20__



Please note that available funds vary from year to year and event to event. We are happy to receive scholarship applications and will respond to your request, which will be reviewed based on the following criteria:

Priority 1 - Active 4-H participants who need to receive financial assistance in order to attend

Priority 2 - Deserving youth who have shown outstanding leadership or communtiy service in other community groups and need to receive financial assistance in order to attend

Priority 3 - Any Hertford County youth that would like to attend 4-H programs but need financial assistance to do so

Youth's Name: _____

Home Address: _____

Home Phone: _____ Work _____ Cell _____

E-mail: _____

Date of Birth: _____ Grade: _____ Age: _____

Are you involved in other 4-H activities/events? (check one) Yes No

Please list your 4-H activities/events:

Parent/Guardian Information:

Father's Name: _____
 Occupation: _____
 Employer: _____
 Address: _____
 Phone: _____
 Mother's Name: _____
 Occupation: _____
 Employer: _____
 Address: _____
 Phone: _____

With whom does the child reside?

- Father
- Mother
- Both
- Other: (explain)

Number of Children in Household (including applicant): _____

What school does the child attend? _____

Has the child attended a 4-H camp before? Yes No

(See reverse side.)

Has the child attended another camp before? Yes No If yes, where? _____

What amount of scholarship are you requesting? \$ _____

****Please note that we require some financial commitment from the family; 100% scholarships are exceedingly rare****

Household income: \$0-\$20,999 \$21,000-\$29,999 \$30,000-\$39,999
 \$40,000-\$49,999 \$50,000-\$59,999 \$60,000 +

Why are you requesting financial assistance to attend this program or activity. **All information will remain confidential.**

Recommendation from Guidance Counselor, Social Worker, Public Health Nurse, etc.
(optional)

Name: _____ Relationship to Youth: _____

Comments:

(Please note: This application will be returned if this required section is not completed by the child.)

To be completed by the child:

REQUIRED

Why do you want to attend this 4-H event/activity?

I certify that all of the above information is true and correct. I understand that my child may receive a full, partial or no scholarship to attend the selected 4-H event/activity.

Parent/Guardian's Signature

Date