

# 4-H Activity Scholarship Application 2011

Participant Name: \_\_\_\_\_

Address: \_\_\_\_\_

Parent/Guardian Names: \_\_\_\_\_

Phone #: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

There are many circumstances which can contribute to the need for financial assistance. Please answer the following questions to help the Scholarship Selection Committee offer this limited assistance to those with the greatest need.

What other 4-H activities does the applicant participate in?

\_\_\_\_\_  
\_\_\_\_\_

How many people live in this home: \_\_\_\_\_ Annual income for the home: \_\_\_\_\_

Is the participant involved in other Madison County 4-H Activities?    Yes    No

How many individuals from this home are applying to attend this event: \_\_\_\_\_

Does the participant qualify for Free/Reduced Lunch at school?    Yes    No

Are there any other circumstances which impact your family's ability to pay for this 4-H activity that should be taken into consideration when making scholarship selections?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Completion of this form does not guarantee a scholarship will be awarded. I certify the information given is true and correct to the best of my knowledge.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

Please return this completed form to 230 Duncannon Lane; Richmond, KY 40475.