

Suzanne McMurry Scholarship Application



The **Suzanne McMurry Memorial Fund** was established in 2006 through the Illinois 4-H Foundation in memory of a longtime Winnebago County 4-H Leader. As a 4-H member, Suzanne participated in a 4-H Exchange program in New Zealand, and all four of her children participated in 4-H International Travel experiences during their years as members of the Guilford Gainers 4-H Club in Rockford.

The **Suzanne McMurry Memorial Fund** is used to provide financial support to Winnebago County 4-H members who wish to pursue International Travel opportunities, as well as to support promotion of 4-H. Daughters Sara Dady and Elizabeth Russo are active locally as volunteers with 4-H, and work with University of Illinois Extension to administer the fund.

Applicant Criteria:

1. This scholarship is available to current 4-H members in Winnebago County who are 12 years of age or older by the date of the trip. An applicant must also meet any criteria in place for the chosen International Program.
2. The number of recipients shall be determined annually by the Suzanne McMurry Scholarship Selection Committee. There is the potential that up to three \$2000.00 scholarships will be awarded per year.
3. Applications must be complete and include the following:
 - Completed application form (pages 1 to 6)
 - THREE written Letters of Recommendation, each enclosed in sealed envelopes with the applicant's name on the front of the envelope and signature of the persons providing the recommendations across the seal on the back of the envelope.

Applicant Deadline:

Application packet must be received in the U of I Extension-Winnebago County office by the **November 10, 2019 deadline**. Faxed applications will not be accepted. Mail or deliver packet to:

University of Illinois Extension
Suzanne McMurry Scholarship
1040 N Second St
Rockford IL 61107

You can also request the application in a fillable pdf format by contacting Tammy Bene' at 815-986-4357.

Please type or print.

Name: _____

Current Address: _____

City/State/Zip: _____

Parent/Guardian Names: _____

Home Phone: _____ Cell Phone: _____

E-mail Address: _____

Name of 4-H Club(s): _____ Years of 4-H Membership: _____

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Please describe your sources of funding for the 4-H International Program and your financial need for the scholarship.

If you are awarded a partial scholarship, what are your plans to raise the balance of the cost?

List your areas of involvement at school. (e.g. groups, teams, programs, etc.)

School Involvement	Year(s)

List your work/employment history.

Work/employment	Year(s)

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List the 4-H projects in which you have been enrolled and the number of years for each.

4-H Project	# of yrs	4-H Project	# of yrs

List your 4-H achievements and awards.

Level? Club, County, State, or National?	Year(s)

List your 4-H leadership involvement (club officer, committee chair, etc.)

Title/Position?	Year(s)

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Describe your 4-H citizenship/community service involvement.

What is your motivation for applying for 4-H International program?

What are your expectations and what will you learn from the experience?

Scholarship recipients are required to give no fewer than three presentations and urged to present as many as possible (to 4-H Clubs, organizations, etc.) after returning from the International Program. How will you share your travel and program experiences with the community after you return?

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Letters of Recommendation:

Complete the information below and list the THREE individuals who will be writing your recommendation letters for this scholarship. Each letter should be enclosed in a sealed envelope with the applicant's name on the front of the envelope and signature of the persons providing the recommendations across the seal on the back of the envelope. Recommendation letters can be written from 4-H leaders, project leaders, teachers or advisors, U of I Extension staff, church leaders, or other youth organizations. Recommendation letters should NOT be from individuals related to the applicant. *Recommendation letters should focus on leadership demonstrated and 4-H and community involvement of the applicant.*

Recommendation #1

Name: _____

Title: _____

Current Address: _____

City/State/Zip: _____

Parent/Guardian Names: _____

Home Phone: _____ Cell Phone: _____

E-mail Address: _____

Recommendation #2

Name: _____

Title: _____

Current Address: _____

City/State/Zip: _____

Parent/Guardian Names: _____

Home Phone: _____ Cell Phone: _____

E-mail Address: _____

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Recommendation #3

Name: _____

Title: _____

Current Address: _____

City/State/Zip: _____

Parent/Guardian Names: _____

Home Phone: _____ Cell Phone: _____

E-mail Address: _____

I declare that, to the best of my knowledge and understanding, all of the facts on this application are true.

Scholarship Applicant's Signature

Date

DO NOT WRITE IN THIS AREA – For Application Review Committee