



Monroe County 4-H Event Scholarship



Sponsored by: Monroe County Extension & 4-H Education Foundation

The completed application must be submitted to the Monroe Co. Extension Office at least one month prior to event (unless special circumstances prevent early submission).

Submit to:

University of Illinois Extension
901 Illinois Ave., P.O. Box 117, Waterloo, IL 62298
Attn: Kelly Brandt
Or kmbandt@illinois.edu

Application for: _____
(name of conference, camp or other 4-H opportunity)

Location of the event: _____

Cost of Event: \$ _____ **Date of the Event:** _____

(Scholarship will cover *up to* 50% of the event; participant will be responsible for the remainder.)

Name: _____ **Grade:** _____

Address: _____ **County:** _____

City, State, Zip: _____ **Phone:** _____

Parent/Guardian Name(s): _____

Member Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____

Approved candidates will receive scholarship money following their participation in the event.

MEMBER APPLICATION

Please answer the following questions:

- 1. List the 4-H Club(s) in which you have been active:**

- 2. List the number of years you have been a 4-H member:** _____

- 3. Explain why you would like to attend this 4-H event:**

- 4. Explain how you plan to share/use the information from this 4-H event:**

- 5. If you participated in the event in a previous year, what interests you to attend again?**

*In addition, one personal reference form must be completed by a 4-H Leader.

PERSONAL REFERENCE PAGE

Please have one adult 4-H leader from your club complete this Personal Reference form.

The reference may not be a relative of the applicant. The completed Personal Reference Form should not be attached to this application. It should be provided directly to the University of Illinois Extension Office.

Name of Applicant: _____

Name of 4-H Conference, Camp or Opportunity: _____

Describe how you know and how long you have known the applicant:

Why do you believe the applicant should be awarded this scholarship: (Use additional sheet if needed.)

Your Name: _____ **Phone:** _____

Signature: _____

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