



Bert Blood 4-H Scholarship Applications for 4-H Alumni who are College Students due March 20, 2020

The Rock Island County Extension & 4-H Education Foundation and the Rock Island Rotary Club are cosponsoring college/trade school scholarships for Rock Island County 4-H Alumni.

Eligibility: Rock Island County 4-H alumni who will be enrolled as sophomores, juniors and seniors in college or trade school in 2020-2021 and that have at least a 3.0 grade point average can apply for two \$500 scholarships. You can only win the alumni scholarship one time. (Note: past winners of the high school senior scholarships can apply for the alumni scholarship).

All scholarship checks will be made out to the college or trade school to which the winners are enrolled.

Applications and reference forms are due to the Rock Island County Extension office, 321 W 2nd Ave. Milan, IL 61264 by **Friday, March 20**

Scroll down for the application. Be sure to <u>DOWNLOAD</u> the pdf onto your computer to make it fillable.

The scholarship applications ask about 4-H experience, community service and career plans. The committee is interested to hear about the lessons and impact that being a part of 4-H has made on the applicant's life and future goals. There is also a 4-H reference form that goes with the application and that should be completed by two references (ie: 4-H leader, Extension/4-H staff, coach, teacher, clergy, boss or other mentor/supervisor).

The Bert Blood Scholarship was established in 1972 as a memorial for Albert M. Blood for Rock Island County 4-H members. Mr. Blood served as chairman of the agricultural committee of Rock Island's Rotary Club, Retail Bureau and Chamber of Commerce for many years, helping to promote county/city relations.

Should you have any questions, please do not hesitate to contact Tracy Fowler-Pestle, 4-H Program Coordinator at (309) 871-5032. Good luck!

Rock Island Rotary Club & Rock Island 4-H Foundation Bert Blood Memorial 4-H Scholarship Application College Student

I.	Personal			
	Name		Date of Birth	
	Home Address	e Address Phone		
	Town		State	Zip Code
	Residence: Farm	Rural Non-Far	m Small Town	City
II.	Family			
	Father's Name			Occupation
	Mother's Name			Occupation
	Guardian's Name			Occupation
	Address of parent/gua	rdian:	(if different than	ahove)
III.	Education Background		(ii dillerent tilali	above
	High School(s) attende	d		
	Year of Graduation		Grade Average	
	Ranked	in a class	(number in class)	
IV.	Education			
	Name of college or trace	de school currently	/ attending:	
	Major field of study:			
	Current Grade Point Av	verage:		
	Year in School for 2020)-21 – sophomore,	junior or senior:	
	Approximate cost:	t	cuition	
		k	oooks and supplies	
		r	oom and board	
		t	ravel	
		C	other	

Total

V. Experiences

Number of years enrolled in 4-H

Club or Experience with 4-H

4-H Experiences:

Project/Experience	Number of Years	Knowledge Gained

College Activities, Honors and Organizations:

Туре	When	Knowledge Gained

Work Experiences:

Place of work	Position	Length/Date of Term	Responsibilities (Duties)/Leadership Exhibited

VI. Community Service

Community Service Activities:

Place of Service	Type & Role	When	Knowledge Gained

VII.	In 400 words or less, describe your career plans and what you plan to do with your degree?					
Date:						
Applica	ant's Signature:					

Please return by March 20 to

University of Illinois Extension Rock Island County
Bert Blood Scholarship
321 W Second Avenue
Milan, IL 61264
or email to bbuckrop@illinois.edu

Be sure to include the following: (1) Application including the 400 words or less personal statement about your 4-H experiences.

*Note: Please feel free to use additional paper.

Consent to Release Information

l,	give Consent for
the Rock Island County Extension & 4	-H Education Foundation, the Rock Island Rotary Club,
and the University of Illinois Extension	n to use my photograph and announce my award-
winning in the media including on the	eir websites and social media (Facebook, twitter, etc) if
I am the recipient of a Bert Blood 4-H	Memorial Scholarship.
	Applicant Signature
	Date

Rock Island County 4-H Bert Blood Scholarship Reference Evaluation





Name of Ap	plicant		
Name of Evaluator			Signature:
Address			
City, State, 2	Zip		
Circle one:	Extension Staff	4-H Volunteer	Other:

Evaluator, please rate the applicant on the following (1-poor to 5-excellent). Each evaluator should **place the completed form in a sealed envelope** with the applicant's name on the front and the evaluator's signature across the seal. Envelopes should be returned to the scholarship applicant for attachment to the application.

	Poor				Excellent
1. Ability to work w/ different and diverse audiences	1	2	3	4	5
2. Does fair share of work on joint projects; is a team player.	1	2	3	4	5
3. Serves as an appropriate role model.	1	2	3	4	5
4. Communicates ideas effectively.	1	2	3	4	5
5. Gets others to work together; compromise.	1	2	3	4	5
6. Volunteers to assist; carries through with responsibilities.	1	2	3	4	5
7. Willingness to work with others, respecting the diversity within a group.	1	2	3	4	5
8. Participates in activities involving issues of local importance.	1	2	3	4	5
9. Takes a stand on issues that the applicant believes in.	1	2	3	4	5
10. Ability to work w/ authority figures to establish new and/or revised policies.	1	2	3	4	5
11. Involvement in community service activities.	1	2	3	4	5
12. Attitude (professional, positive, not arrogant)	1	2	3	4	5
13. Professional Presentation (neat, well-groomed)	1	2	3	4	5
14. Accepts/completes work assignments on time	1	2	3	4	5
15. Exhibits enthusiasm in regard to learning new things	1	2	3	4	5
16. Exhibits appropriate behavior in public venues.	1	2	3	4	5
17. Represents 4-H in a positive image to the community	1	2	3	4	5

In your opinion, how will the applicant benefit from continuing his/her education? (you may use the other side of this page)

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