



LUCILLE AND LESTER KORSMEYER 4-H SCHOLARSHIP

APPLICATION GUIDELINES

Application deadline is April 15, 2024

THE SCHOLARSHIP

A scholarship in the amount of \$1,000 for four years will be awarded to one student for continued education at an institution of higher learning granted their grade point average is 3.0 and above each year.

WHO IS ELIGIBLE

The scholarship is available to a high school senior who has been actively involved in 4-H for a minimum of four years and must be a permanent resident of Madison, St. Clair or Monroe County. The applicant will be chosen based on several criteria including a minimum 3.0 GPA based on a 4.0 scale, history of 4-H involvement and other school and community activities.

The recipient must attend either an accredited four-year college or university or a two-year community college in Illinois as a fulltime (12 hour minimum) student.

HOW TO APPLY

Complete the application & essay and submit to the address below. The Personal Reference Form must be mailed separately. All materials must be submitted to the address below and postmarked by April 15, 2023.

PAYMENT

The scholarship will be paid in the fall semester directly to the college or university and can only be used for tuition. Summer school is excluded. Verification of acceptance and enrollment in the institution is required prior to receiving the scholarship. If any other scholarships, grants or other financial assistance cover the full tuition, the applicant will not be eligible for this scholarship.

OTHER INFORMATION

A decision will be announced by May 31st.

It is the student's responsibility to submit enrollment verification prior to the release of funds. Verification must be sent to:

Lucille and Lester Korsmeyer 4-H Scholarship
c/o University of Illinois Extension
901 Illinois Avenue
PO Box 117
Waterloo, IL 62298
Phone: 618-939-3434
FAX: 618-939-7708

It is the policy and commitment of the Lucille and Lester Korsmeyer 4-H Scholarship that it does not discriminate on the basis of race, color, sex, national origin, physical or mental disability, or religion.



LUCILLE AND LESTER KORSMEYER 4-H SCHOLARSHIP

APPLICATION

Name: _____

Address: _____ County _____

City, State, Zip _____ Phone: _____

Mother's Name _____ Father's Name _____

Please have one adult 4-H leader from your 4-H club complete the 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 must be mailed directly to the Scholarship Committee.

Please list the name and phone number of your personal reference.

Name _____ Phone _____

I hereby certify that all of the information in my application is true and correct to the best of my knowledge.

Student's signature _____ Date _____

Parent/Guardian's signature _____ Date _____

The completed application, transcript and personal reference form must be mailed and postmarked by April 15, 2024, to the following address:

**Lucille and Lester Korsmeyer 4-H Scholarship
c/o University of Illinois Extension**

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List community service, extracurricular activities, church activities in which you have been active?

What are your educational and professional goals and objectives? _____

Essay Question: (attach your one-page type-written essay)

Today's youth have numerous opportunities to participate in school, church, community and other extracurricular activities. Based on your 4-H experiences, how and why would you encourage youth to choose 4-H participation?



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PERSONAL REFERENCE FORM

A scholarship in the amount of \$1,000 will be awarded to one student for education at a four-year college or university or two-year community college in Illinois. The scholarship is available to a high school senior who has been actively involved in 4-H for a minimum of four years and must be a permanent resident of Madison, St. Clair or Monroe County. The applicant will be judged on 4-H leadership and activities, school and community involvement, and character.

Name of scholarship applicant _____

Describe how you know and for how long you have known the applicant.

Why do you believe the applicant should be awarded this scholarship?

Name _____

Address _____ County _____

City, State, Zip _____ Phone: _____

Signature _____ 4-H Club _____

Please return this completed form directly to the scholarship committee at the following address. Envelope must be postmarked by April 15, 2024.

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