OGLE COUNTY 4-H FOUNDATION SCHOLARSHIP APPLICATION



of Application	
. Name:	
. Residence:	
Home Address:	Home Phone Number:
City, State, Zip:	Email Address:
3. School:	
A. Name and address of college	e or institution you plan to attend:
B. Name and address of high so	chool(s) you attended:
C. Scholastic Average out 4. Family:	of points. Rankedin a class of
A. Name of Father:	
Address:	
Living: Yes No	Age:
Occupation:	
B. Name of Mother:	
Address:	
Living: Yes No	Age:
Occupation:	
C. Name of Guardian:	
Address:	
Living: Yes No	Age:

D.	Number of Brothers	s: Number o	f Sisters:	
5.	Describe why you a	re interested in adv	anced education:	
6.	Field in which you բ	olan to major or stud	dy:	
7.	Outline your reason graduation:	s for choosing this	field and include wha	at your plans are following
8.	Explain your need f need:	or financial assistan	ce and describe your	plans for meeting this financial
9.	List anticipated edu		·	
	Tuition Fees \$	Books \$	_ Lab Fees \$	Personal Expenses \$
	Room & Board \$	Clothing \$	Transportation	ı \$
	Other			
10.		rothers or sisters at	tending college at the	

11. Will you be receiving, or have y below:	ou applied for any other scholarships for the next year? Li	ist
12. Are either of your parents or yo	urself a Ogle County Farm Bureau members? If yes, who?	,
Please provide two references:		
1. Name:	2. Name:	
Address:	Address:	
Phone:	Phone:	
and shared after the application deadl	hat you could attend an interview. Exact times will be fina ne.	311260
5:30 p.m.		
6:00 p.m.		
6:30 p.m.		
7:00 p.m.		
7:30 p.m.		
8:00 p.m.		
8:30 p.m.		
9:00 p.m.		

Mail this application to Ogle County 4-H Foundation, Box 393, Oregon, IL postmarked by April 14th

You can find a fillable PDF document by visiting our website at https://extension.illinois.edu/bdo/4-h-ogle-county.