



## 4-H Scholarship Application Form Mecosta County



To be eligible for a 4-H Scholarship, these requirements need to be met and approved by the 4-H Council.

1. Be a current 4-H Member in Mecosta County
2. Complete this application and turn it in with all other required forms.
3. Return your completed application minimum of 1 month prior to the event/activity.
4. Return your completed application to:

Michigan State University Extension  
Mecosta County 4-H  
14485 Northland Drive  
Big Rapids, MI 49307

Fax: (231)-592-9492  
Email: [hoggmoll@msu.edu](mailto:hoggmoll@msu.edu)

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Age: \_\_\_\_\_ Number of Years in 4-H: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Contact Number: \_\_\_\_\_

4-H Club: \_\_\_\_\_

Please list all of the 4-H projects, activities or events that you have participated in and the number of years in which you were involved in each project, activity or event:

<u>Project/Activity/Event</u>	<u>Number of Years</u>

Which 4-H event/activity are you applying for a scholarship for? Please only choose one.

Capital Experience
  Kettunen Center Workshop  
Which workshop? \_\_\_\_\_

Great Lakes Natural Resource Camp

Other; please describe: \_\_\_\_\_

Why do you want to participate in this workshop/event/activity? Please describe how this activity will benefit your personal learning, growth and knowledge.

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Please describe what 4-H means to you, how it has impacted your life and how you will use the knowledge and experience gained from this activity to "make the best better!". Use additional pages as necessary.

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How does this workshop/event/activity apply to your 4-H projects and goals for future project ideas?

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Have you received any other 4-H scholarships in the past program year? \_\_\_\_ Yes \_\_\_\_ No

If yes, what workshop/event/activity did you receive a scholarship for? Please also include amount.

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I, \_\_\_\_\_ (applicant please print), hereby understand that as a recipient of the scholarship, I will be required to provide a summary presentation of the activity/event/workshop I attended and how I benefited from it to the 4-H Council immediately following my participation in the program in which I attended. I am also willing to speak about my experience and share what I have learned with other 4-H youth in Mecosta County.

This signature also authorizes Mecosta County Extension to announce publicly the names and programs of successful applicants and to contact recipients for information that can be used to promote the scholarship program in the county.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Leader Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**4-H Office Use Only:**

Approved: \_\_\_\_ Yes \_\_\_\_ No; If not approved, please state reason: \_\_\_\_\_

Signature of Program Coordinator: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of 4-H Council President: \_\_\_\_\_ Date: \_\_\_\_\_