

ATCHISON COUNTY 4-H SCHOLARSHIP APPLICATION
(one additional page may be included)
Due to the Extension Office by April 23.

NAME:

ADDRESS:

PHONE:

Name of School you are planning to attend:

Reference – List name, address and telephone number of one (1) reference that the committee could contact if needed. (This must be a non-family member.)

Highlight your 4-H career involvements including leadership, community service and achievements plus answer this question –

“How will your 4-H experiences help you to reach your goals?”

Date: _____

Signature of Applicant

(Signature of 4-H Community Club Leader)