



# ADDISON COUNTY 4-H FOUNDATION MERIT SCHOLARSHIP APPLICATION

**For Office Use Only**  
Amount given: \$ \_\_\_\_\_

I have been a 4-H Member for \_\_\_\_\_ years.

Name: \_\_\_\_\_ Daytime phone: \_\_\_\_\_

Address: \_\_\_\_\_ Evening phone: \_\_\_\_\_

City, state, zip: \_\_\_\_\_

County: \_\_\_\_\_ Club: \_\_\_\_\_

**I am applying for a scholarship to attend:** \_\_\_\_\_

Location of trip: \_\_\_\_\_ Dates of activity: \_\_\_\_\_

Expenses for trip/activity: Conference/Event Fees..... \$ \_\_\_\_\_

Other Expenses: \_\_\_\_\_ \$ \_\_\_\_\_

The amount you are requesting \$ \_\_\_\_\_

How much money is anticipated from other sources? \$ \_\_\_\_\_

List other sources of financial assistance (examples: employment, fundraisers, bottle drive, church, club) and how much were you able to obtain? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you received money from the foundation for previous trips/activities in the last three years?

\_\_\_\_\_ No \_\_\_\_\_ Yes - what activity and how much? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

è What contributions do you see yourself making to the county 4-H program as a result of attending this 4-H activity? \*\*\* (Please use the reverse side).

\_\_\_\_\_  
4-H Extension Representative

\*\* \_\_\_\_\_  
Scholarship Applicant

**\*\*With my signature, I am agreeing that should I not attend the event, I will agree to return any money given to me for the event from the Addison County 4-H Foundation.**

- This application must be in the Extension Office **two weeks prior** to the date of activity.
- You will be notified at least one week before the activity with the amount to be awarded.

Mail Scholarship Form to: Martha Seifert, UVM Extension  
68 Catamount Park, Middlebury, VT 05753

