



ORLEANS COUNTY 4-H FOUNDATION
SCHOLARSHIP APPLICATION

Check One:

_____ 4-H Member _____ 4-H Leader
_____ # of years _____ # of years

Name: _____

County: _____

Address: _____

Phone: Day _____ Evening _____

Applying for a scholarship to attend (event/activity):

Location of event/activity: _____

Total Cost: \$ _____ Date(s): _____

How much will you raise towards the cost of this event/activity? \$ _____

How much scholarship do you need? \$ _____

What contributions do you see yourself making to the county 4-H program as a result of attending this event/activity? (If necessary, use the reverse side of this application or attach additional sheets.)

County 4-H Educator

Scholarship Applicant

Return to: UVM Extension, Newport Office
338 Highland Ave., Suite #3
Newport, VT 05855-4896

