FRANKLIN COUNTY 4-H FOUNDATION
MERIT SCHOLARSHIP APPLICATION

Due at least three weeks prior to the date of the activity.

Name: ________________________________  Club: ________________________________
Address: ______________________________  City, State, Zip: ______________________
Daytime Phone: ________________________  Evening Phone: ______________________

Parent’s email: __________________________

I am applying for a scholarship to attend: _________________________________________

Location of activity: ______________________  Date(s) of activity: ________________

Expenses:
Admission/Registration/Participation fees……  ____________
Travel…………………………………………… ____________
Meals (if not included)…………………………. ____________
Lodging (if not included)………………………. ____________
Other (specify)………………………………….. ____________

TOTAL:  ____________

I have been a:  (circle one)   member  /   leader    for ________ years.

Answer the following on the back of this form.  Please number your answers.
1. Explain how you have contributed/participated in the 4-H program in the past.
2. What contributions do you see yourself making to the Franklin/Grand Isle County 4-H Program as a result of attending this activity/event.

4-H applicants should be members in good standing.  4-H members should answer the following:
3. Do you keep and submit 4-H records for the 4-H projects you participate in?
   (circle one)   yes   no
4. Do you attend at least 75% of your club’s business/project meetings?
   (circle one)   yes   no
5. Do you attend at least 75% of your club’s applicable project meetings?
   (circle one)   yes   no
6. Are you willing to volunteer 2-4 hours working in the 4-H building during Franklin County Field Days?
   (circle one)   yes   no

OVER PLEASE
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This application must be in the Franklin/Grand Isle County 4-H office at least three weeks prior to the date of the activity. Applicants will be notified by mail as to the amount of the scholarship awarded.

Mail or fax this completed form to:

UVM Extension
4-H Educator
278 South Main St., Ste 2
St. Albans, VT 05478

(fax) 802-524-6062

Applicant’s Signature ___________________________ Date ___________________________

Parent’s Signature ___________________________ Date ___________________________