

**APPLICATION FOR WINDSOR COUNTY 4-H FOUNDATION SCHOLARSHIP**

Return application to:  
Windsor County 4-H Foundation  
UVM Extension  
307 South Street  
Springfield, Vermont 05156

**PLEASE SUBMIT AT LEAST ONE MONTH PRIOR TO THE DATE OF THE EVENT**

**REQUIREMENTS:**

1. Applicant must be a member or leader in the Windsor County 4-H Program.
2. Application Form must be completed in full and submitted to the 4-H Foundation at least one month prior to the event (Note: if application is received less than one month prior to the date of the event, it will be considered, but payment will not be guaranteed to be given before the event/activity takes place.)
3. Those receiving funds are expected to submit a report/thank you expressing what they learned or experienced at this event and how it will be shared with others.

NAME \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ EMAIL \_\_\_\_\_

4H CLUB: \_\_\_\_\_

EVENT & LOCATION:

\_\_\_\_\_

TOTAL COST OF EVENT:\$\_\_\_\_\_ AMOUNT OF SCHOLARSHIP APPLYING FOR \$\_\_\_\_\_

Are there other sources that applicant will receive funds from? \_\_\_\_\_

If yes, name the source and the amount:

\_\_\_\_\_ \$ \_\_\_\_\_

How will you benefit from this scholarship? (You may use back or additional sheets to answer questions).

How will you use your experience gained at this event to contribute to the 4-H community and/or the general public

Applicant  
signature: \_\_\_\_\_

Date: \_\_\_\_\_

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**TO BE FILLED IN BY 4-H LEADER ` You may use back or additional sheets to answer questions**

Please assess the need of this applicant: \_\_\_HIGH \_\_\_MEDIUM \_\_\_LOW

Please assess this 4-H members 4-H participation: \_\_\_HIGH \_\_\_MEDIUM \_\_\_LOW

Explain why you think this applicant would benefit from this scholarship:

Leader signature: \_\_\_\_\_ Date: \_\_\_\_\_

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