



**APPLICATION FOR WINDSOR COUNTY 4-H HORSE LEADERS  
ASSOCIATION SCHOLARSHIP**

Return application to:

**Lisa Muzzey, 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 Horse Program.
2. Application Form must be completed in full and submitted to the WC4-HHLA 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.) Payment will be sent directly to event organizers, please furnish name and mailing address below.
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: \_\_\_\_\_

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

EVENT & LOCATION: \_\_\_\_\_

PAYMENT TO BE SENT TO (Name & Address): \_\_\_\_\_

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? \_\_\_\_\_

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

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**TO BE FILLED IN BY 4-H LEADER**

Please assess the need of this applicant: ☐ HIGH ☐ MEDIUM ☐ LOW

Please assess this 4-H member's 4-H participation: ☐ HIGH ☐ MEDIUM ☐ LOW

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

Leader's signature: \_\_\_\_\_ Date: \_\_\_\_\_

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