



TRIPP COUNTY 4-H LEADERS PROJECT ENHANCEMENT SCHOLARSHIP APPLICATION

(Please write neatly or type)



Please use this form when applying for a scholarship towards 4-H Camp, or any other workshop, clinic, or camp that will help improve your education in a project area you are currently enrolled in.

RETURN TO: Tripp County Extension Service, 200 East 3rd St, Winner, SD 57580

WHAT CAMP/CLINIC/WORKSHOP DO YOU PLAN TO ATTEND OR HAVE ATTENDED:

\_\_\_\_\_

4-H PROJECT AREA YOU ARE ENROLLED THAT THIS CAMP/CLINIC/WORKSHOP RELATES TO:

\_\_\_\_\_

DATE(s) OF EVENT: \_\_\_\_\_

Table with 2 columns: Description and Amount (\$). Rows include FEE CHARGED FOR THE WORKSHOP/CLINIC/CAMP, Other assistance you have received, and Amount remaining that you are requesting assistance.

1. First, Middle and Last Name \_\_\_\_\_

2. Age \_\_\_\_\_ Date of Birth \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Years in 4-H \_\_\_\_\_

3. Residence:

A. Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

B. Home Telephone Number \_\_\_\_\_

4. What project areas are you currently enrolled in:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. What have you done to be a leader in 4-H? (Officers, volunteering to help organize events, other members, etc)

\_\_\_\_\_

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6. What other 4-H activities have you been involved in: (volunteering, clinics, workshops, etc)

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7. Why are you (or were you) interested in attending this camp/clinic/workshop?

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a. What goals do (did) you hope to accomplish through this event?

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8. What qualities do you possess that make you a good representative of Tripp County 4-H at this event?

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9. List below your interests and activities. Include school, church, community, hobby, and special interests, as well as any other leadership roles.

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10. To apply for the scholarship, you must tell at least one group of youth about the event you participated in. You will need to provide documentation of your presentation to the Tripp County 4-H Office.

Name of group that I presented to, or will present to: \_\_\_\_\_

*(This must be done within 6 months of your attendance at the camp/workshop/clinic)*

4-H MEMBER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

4-H PARENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

4-H CLUB LEADER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_