

Colorado 4-H Senate Scholarship Form

General Scholarship Criteria

Eligibility Requirements:

- The person receiving the scholarship shall be a member of the Colorado State 4-H program.
- The applicant must be a 4-H member in good standing.
- The applicant must be a senior 4-H member to apply for State Conference, LDC, or CLC scholarships or a junior 4-H member to apply for Youth Fest.
- The applicant must not have all ready participated in the event they are seeking a scholarship.
- The amount of the scholarship will be no less than \$55.00(more money may be given).
- Application forms must be completed in full and received (not a postmark date) 10 days before the events registration due date. The State Officer Team will inform you if you have received the scholarship or not and that is when you will turn in your registration.

FAILURE TO MEET ANY OF THE ABOVE REQUIREMENTS MAY RESULT IN DENIAL OF/NO CONSIDERATION OF APPLICATION.

Application blanks provided by the Colorado State 4-H Officer Team and shall be used by all applicants. These may be obtained from the state 4-H office, 4H website (www.colorado4h.org), or at local county extension offices, and shall be returned to the state 4-H office or the State President.

Send scholarship applications to-

Daniel "Pud" Howell
43510 Hwy 160
Trinidad, CO 81082
(719) 846-9636 Home
(719) 680-2612 Cell

COLORADO 4-H SENATE SCHOLARSHIP APPLICATION

Please check the scholarship for which you are applying. You must apply for each event separately.

- Colorado Leadership Camp (Oct. 12-14th)
- Leadership development Conference
- Youth Fest
- State Conference

NAME _____ HOME PHONE _____

HOME ADDRESS _____ ZIP _____

PARENT/GUARDIAN _____

DATE OF BIRTH _____ YEARS IN 4-H _____ COUNTY _____

WHY WOULD YOU LIKE TO ATTEND THIS EVENT _____

LIST 4-H PARTICIPATION (PROJECTS, OFFICES HELD, HONORS RECEIVED) _____

LIST YOUR SCHOOL ACTIVITIES (CLUBS, COMMITTEES, OFFICES, ETC.) _____

LIST COMMUNITY SERVICE, VOLUNTEER EXPERIENCE, WORK EXPERIENCE, ETC. _____

BRIEFLY STATE YOUR NEED FOR FINANCIAL AID _____

APPLICANT'S SIGNATURE _____ DATE _____

PLEASE USE MORE SHEETS AS NEEDED FOR ADDITIONAL ANSWERS TO ANY QUESTIONS