



Clear Creek County 4-H

SCHOLARSHIP REQUEST FORM (revised September 2017)



Parent/Guardian Name _____

Mailing Address _____

Phone #1 _____ Cell Home Work

Phone #2 _____ Cell Home Work

Email _____

Child Information

Full Name _____ Age _____ Date of Birth _____

School _____ Grade _____

I am requesting a scholarship for this 4-H activity:

(Check one and fill in name of specific Activity or Camp.)

Annual Club Fees

Activity _____

Camp _____

- Annual fees for each Clear Creek County 4-H club member are \$40 per child.
- There are additional fees that vary for summer camps and other 4-H activities/programs.

Cost of club fees/activity/program \$ _____

Amount you can pay \$ _____

Amount requested \$ _____

Please briefly explain why you are requesting scholarship funds _____

Scholarships come from the Clear Creek County 4-H program budget. When fundraisers and other activities are planned by Clear Creek County 4-H, we request that you be involved to help support the 4-H programming in our county.

I understand that I am required to assist in Clear Creek County 4-H fundraisers/other activities. _____ *Parent Initials*

It is important that club members attend meetings/events and complete the 4-H requirements. Lack of attendance and/or non-completion may mean not being able to participate in 4-H in the future.

I understand that non-completion may jeopardize future 4-H participation and future 4-H scholarships. _____ *Parent Initials*

Parent/Guardian Signature: _____ **Date:** _____

FOR OFFICE USE ONLY

Amount Approved \$ _____ Director/Agent Signature _____ Date _____