



Granville County 4-H Scholarship Application



Please note that available funds vary from year to year and event to event. We are happy to receive scholarship applications and will respond to your request, which will be reviewed based on the following criteria: (Please fill in appropriate blanks).

- Priority 1** Active 4-H participants who need to receive financial assistance in order to attend
- Priority 2** Deserving youth who have shown outstanding leadership or community service in other community groups and need to receive financial assistance in order to attend
- Priority 3** Any Granville County youth that would like to attend 4-H programs but needs financial assistance to do so.

Youth Last Name: _____ First Name: _____

Scholarship amount requested _____ Total cost of program: _____

****Please note that we require some financial commitment from the family; 100% scholarships are exceedingly rare****

Club or Program Name (if applicable) _____

Home Address _____

City _____ State _____ Zipcode _____

Male _____ Female _____ Date of birth: ___/___/_____ Age _____

Home phone: (____) _____ Work phone: (____) _____ Mobile (____) _____

Parent/Guardian Last Name _____ First Name _____

Please provide all information that may apply:

Active in 4-H? Yes No Number of years in 4-H _____

Describe the 4-H sponsored activity for which you are requesting this scholarship.

Please list any events for which you have received 4-H scholarship funds during the past 18 months:

List or describe any leadership roles the youth has had (offices held, community and volunteer work, seminars led, speeches given, etc.)

How will the information, knowledge, or experience gained through this program or activity benefit yourself and others in the future? What will you DO with that you LEARN?

Scholarship Statement of Need: Why are you requesting financial assistance to attend this program or activity? (attach additional information if needed)

Why does your child want to attend this activity? (attach additional information if needed)

of siblings in household: _____

Household Income (check one):

\$0 - \$20,999

\$21,000 - \$29,999

\$30,000 - \$39,999

\$40,000 - \$49,999

\$50,000 - \$59,999

\$60,000 +

Mail applications to: Gwen Hernandez 208 Wall Street, P.O Box 926, Oxford, NC 27565
or fax 919-603-0268