



## 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 P.O Box 926, Oxford, NC 27565, fax to 919-603-0268, or deliver to 901 Hillsboro St. Oxford, NC 27565