Flathead County 4-H Scholarship Form

Name: ____________________________ Age: ________ Years in 4-H: _________

Address: ___________________________________________________________

Phone: __________ Club: _____________________________________________

4-H Projects: _______________________________________________________

Name and Date of Clinic/Seminar/Event: _________________________________

Cost of Clinic/Seminar/Event: __________________________________________

Estimated Travel Expenses: ___________________________________________

Please answer the following questions-
How would this clinic/seminar/event better our 4-H projects?

How will you utilize this information to help your projects or club?

What are two goals you would like to attain by attending this clinic/seminar/event?
1. ____________________________
2. ____________________________

It is appreciated that if you are gifted funds, you will need to provide a thank you and have an active role in giving back to the 4-H community in volunteering with another clinic, your club, or any fundraising event that is put on.

Please return for or direct questions to the Extension Office.

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