

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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