

Madlinger Scholarship Application Form

The Madlinger Scholarship is open to any 4-H member who is a graduating high school senior. The member may be currently in the 4-H program or have finished the program due to age limitations. The applicant must be in good standing according to the 4-H program guidelines. For an applicant to apply for a Madlinger Scholarship, the following must be completed and submitted in a folder to the O.S.U. Extension, Miami County Office by **June 1**: 1) a completed Madlinger Scholarship Form and 2) an up to date official transcript of high school grades. There will be two (2) five hundred dollar scholarships awarded each year for the Madlinger Scholarship, one recipient of each gender.

Criteria used in the selection of scholarship recipients include:

4-H Experiences	45%
Experiences in other group(s)/activities	20%
Need for the scholarship	35%

Applicant Name: _____ Age: _____ Male _____ Female _____

Address _____
street city zip

Phone number _____ Birthdate: _____

Home high school: _____

Vocational School/Career Center (if applicable): _____

What college, university, or trade school do you plan to attend:

Have you been accepted by the above institution(s)? Yes _____ No _____

Parent/Guardian Name(s):	Occupation	Name of Employer
1. _____		
2. _____		

How many sibling(s) do you have? _____

Will any be attending college next year? No _____ Yes _____ How many? _____

Name of the 4-H Club(s) in which you are a member: _____

Number of years as a member: _____

4-H Experiences:

County awards/honors received through 4-H: _____

State awards/honors received through 4-H: _____

List 4-H Activities/Leadership experiences (offices held, trip(s) awarded, Food & Fashion Board, Camp Counselors, Carteens, etc.):

What are the most important things you learned through your 4-H experience(s)?

How has 4-H contributed to your personal development?

Need for the 4-H scholarship:

Why should you be considered for this scholarship?

Are you currently receiving any scholarship(s)/grant(s)? Yes _____ No _____

Name of scholarship/grant Amount

Statement by Member:

I personally have prepared this report and certify that it accurately reflects my work:

Signature of 4-H Member: _____ Date: _____

Approval of This Record:

We have reviewed this report and believe it to be correct:

Signature of Parent/Guardian: _____ Date: _____

Signature of 4-H Advisor: _____ Date: _____

Signature of Extension Educator: _____ Date: _____

Scholarships are to be used for educational purposes only. Recipients must provide proof of registration for second quarter/semester enrollment in order to receive scholarship money. Send proof of registration no later than February 28 of the following year directly to:

OSU Extension
Attn: Miami Co. 4-H Advisory Committee Treasurer
Courthouse
201 W. Main St.
Troy, Ohio 45373

Scholarship checks will be mailed directly to the recipient(s).