

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:

O.S.U. Extension, Miami County
Attn: Miami Co. 4-H Advisory Committee Treasurer
510 W. Water Street, Suite 250
Troy, Ohio 45373

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