

Coös County 4-H Advisory Council Scholarship Application

Note: All individuals who wish to receive a scholarship from the Coös County 4-H Advisory Council must complete this application.



Coös County 4-H Advisory Council
c/o UNH Cooperative Extension
629A Main Street
Lancaster, NH 03584



Applicant's Name _____

Complete Address _____

Phone _____ Email _____

4-H Member/Leader? Y or N Name of Club _____

I would like to ask the Coös County 4-H Advisory Council to help fund me so that I can participate in the:

Name of event, trip, or reason for funds

Anticipated total cost \$ _____ Are you receiving funding from another source? Y or N

If so, where is your other funding coming from? _____

Please tell us, in your own words, why you are interested in participating in this event? What do you hope to learn? (Word requirements: ages 8-11, 50 words or more; ages 12+, 150 words or more)

It is important that other 4-H members in Coös County learn about the different opportunities that are available. How will you share this experience with others? Check all that apply.

I would be happy to write an article for Across Coös 4-H Newsletter and/or the local newspaper about my experience.

I would like to give a brief talk about my trip at the annual county 4-H Achievement Ceremony.

I will talk to my club about this opportunity.

Other. Please explain:

What types of **County** 4-H fund raising have you participated in **within the last 12 months**?

Dairy Bar @Lancaster Fair? Y or N Total Hours?_____

Tractor Supply Clover Campaign 4-H Day(spring and/or fall)? Y or N Total Hours?_____

Have you or your club supported the Coös County 4-H Advisory Council in any other way?

Y or N

When?_____ Other? (please explain)_____

I realize that I am responsible for funding all costs above the dollar amount of the Coös County 4-H Advisory Council allowance. **Further, I agree to send a note of thanks to the Advisory Council** (address listed on page 1). I also understand that if, for any reason, I do not attend this event that I will reimburse the Advisory Council in full.

Signature of Applicant _____ Date_____

Signature of Parent/Guardian _____ Date _____

Parent/Guardian Name (please print)_____

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