

Due January 25<sup>th</sup> to County Extension Office



Accomplishment Scholarship (Category - \_\_\_\_\_)

**2020 STATE 4-H FOUNDATION SCHOLARSHIP  
DEMOGRAPHIC APPLICATION FORM**

(Type or print this form in black)

County \_\_\_\_\_ Extension Area \_\_\_\_\_ Year of Application \_\_\_\_\_

Currently participating in 4-H: Yes \_\_\_ No \_\_\_ Years completed in 4-H \_\_\_\_\_ Grade in School \_\_\_\_\_  
(including this year)

Name (First, Mid Initial, Last): \_\_\_\_\_

Home mailing address: \_\_\_\_\_

Home phone number: \_\_\_\_\_

Email address: \_\_\_\_\_

Date of birth (mm/dd/year): \_\_\_\_\_ Gender (male or female): \_\_\_\_\_

Parent/Guardian mailing address: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Parent/Guardian Phone: \_\_\_\_\_

Name of High School: \_\_\_\_\_ Graduation Month/Year: \_\_\_\_\_

Name of 4-H Club: \_\_\_\_\_

Events and Activities related to this Category: \_\_\_\_\_

**4-H projects taken** (Use the chart provided. To create additional rows, place the cursor in the bottom row, right click the mouse, select insert, row below, or tab from the bottom row right box. ):

Project	Years	Project	Years	Project	Years

Career plans and name of college/training after high school graduation: \_\_\_\_\_

**STATEMENT BY 4-H MEMBER**

I personally have prepared this application and certify that it accurately reflects my work. I also give permission to Purdue Extension, Indiana 4-H, and Indiana 4-H Foundation to use statements in this application for promotion purposes.

\*4-H Member Signature: By placing an X here \_\_\_\_\_ and typing my name here \_\_\_\_\_ this will serve as my electronic signature agreeing to the above statements. Date: \_\_\_\_\_

**APPROVAL OF THIS APPLICATION**

We have reviewed this application and believe it to be correct. As a parent/guardian I also give permission to the parties listed above to use statements in this application for promotion purposes.

Signature of Parent/Guardian: By placing an X here \_\_\_\_\_ and typing my name here \_\_\_\_\_ this will serve as my electronic signature agreeing to the above statements. Date: \_\_\_\_\_

Signature of County Extension Educator: By approving this application in 4HOnline, the educator is verifying 4-H membership and approving this application for consideration by the state scholarship selection committee.

**NOTE: This application will not be returned.**

**\*Signature indicates implied consent that these materials will be reviewed by the selection committee and shared with the award donor.**