



The Blank 4-H Scholarship



To the parents, guardian, and students regarding **The Blank 4-H Scholarship** application:

Please complete the following form in order that you may become a candidate for the Cass County Community Foundation **The Blank 4-H Scholarship**. Please be assured that all information will be treated with the strictest confidence.

The Blank 4-H Scholarship is designed to promote the well-rounded tenure of a 4-H member of Cass County. The award designates the recipient as an outstanding ten (10) year member on the local, county and state level. It encourages him or her to continue leadership to further develop 4-H work in Indiana. To be eligible for **The Blank 4-H Scholarship** the 4-H member shall be any ten (10) year 4-H member who resides in Cass County and has also completed at least three (3) years in Junior Leaders.

Applications are due to the Cass County Extension Office by February 16, 2024. The Committee shall meet to select the award recipient. The scholarship winner will be announced at the 4-H Ten-Year Award Presentations at the Cass County 4-H Fair.

Only one (1) one-year scholarship shall be awarded each year to an outstanding 4-H member. If no one or no qualified candidate applies, the funding will remain in the scholarship fund for future years. **The recipient must provide proof of enrollment and attendance at a tax-exempt post-high school educational institution. Payment will be made in January after the completion of the recipient's first semester.**

SCHOLARSHIP SELECTION PROCESS:

The Selection Committee will consist of one (1) member from the Cass County Extension Staff, three (3) members of the Cass County 4-H Club Association, Inc., one (1) such member from the northern half of Cass County, one (1) such member from the southern half of Cass County, one (1) such member selected at large, and one (1) member of the Blank Family.

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SCHOLARSHIP APPLICATION FORM

INSTRUCTIONS: This form should be returned to the Cass County Extension Office by **February 16, 2024**. *Late applications will be refused.*

SCHOLARSHIP DATA

Scholarship Name: **The Blank 4-H Scholarship**

Name of 4-H Club _____

Number of Years in 4-H _____

The following must be attached:

_____ School Transcript

_____ Letter of Recommendation

Name: _____
Last First Middle Initial

Address: _____
Street Address City State

Primary Phone: _____ Alternate Phone: _____

E-mail Address: _____

Date of Birth: _____ Gender: M F

Parent(s)/Guardian(s) Names: _____

High School: _____
School Name City State

Current Cumulative GPA: _____ Anticipated Graduation Date: _____

First Choice College: _____ Accepted

Second Choice College: _____ Accepted

Class year you will be entering in college: Freshman Sophomore Junior Senior

Intended major(s): _____ Intended minor(s): _____

During your high school years, did you work during vacations, outside of school hours, or during summers (either paid or volunteer)?

Yes No

If yes, please complete the following information for each employer, starting with the most recent. If no, please continue to the next page.

Employer #1: _____

Grade Employed: Freshman Sophomore Junior Senior

Dates of Employment: _____ Hours worked per week: _____

Job Duties:

Employer #2: _____

Grade Employed: Freshman Sophomore Junior Senior

Dates of Employment: _____ Hours worked per week: _____

Job Duties:

Employer #3: _____

Grade Employed: Freshman Sophomore Junior Senior

Dates of Employment: _____ Hours worked per week: _____

Job Duties:

Employer #4: _____

Grade Employed: Freshman Sophomore Junior Senior

Dates of Employment: _____ Hours worked per week: _____

Job Duties:

