PURDUE UNIVERSITY | Extension - 4-H Youth Development

Due January 25th to County Extension Office

INDIANA 4-H FOUNDATION

Accomplishment Scholarship (Category - _____)

2023 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:_____

PURDUE EXTENSION – 4-H YOUTH DEVELOPMENT
Agricultural Administration Building
615 West State Street, West Lafayette, IN, 47907
765-494-8435 - extension.purdue.edu/4-H

UPDATED 10/2022 BY TONY CARRELL

PURDUE UNIVERSITY | Extension - 4-H Youth Development

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 4-H Online, 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.**