

# PORTAGE COUNTY 4-H SCHOLARSHIP APPLICATION

## QUALIFICATIONS

- ☼ Must be a present or former Portage County 4-H Member or Leader.
- ☼ May apply to any field of study (post high school) at any accredited school.
- ☼ Must be used within one year from the time of scholarship award or money must be returned to the 4-H Leaders Association
- ☼ Minimum of 2 years as a project or youth leader at the club level. Provide detailed list of experiences where projects are listed on this application.
- ☼ Minimum of 3 years participation in 4-H.
- ☼ Scholarship can be received only once.
- ☼ A leader's form must be co-signed by a general leader or county agent.
- ☼ A member's form must be signed by their general leader.



DATE:      /      /     

NAME: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

PRESENT ADDRESS (IF DIFFERENT): \_\_\_\_\_

PLACE OF RESIDENCE IN PORTAGE COUNTY (CHECK ONE):

FARM                       RURAL AREA                       VILLAGE OR TOWN                       CITY

PLACE OF BIRTH: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

NAME AND ADDRESS OF HIGH SCHOOL(S) ATTENDED:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

NAME AND ADDRESS OF ACCREDITED INSTITUTION OF HIGHER EDUCATION YOU ARE OR WILL BE ATTENDING:

\_\_\_\_\_

WHY HAVE YOU CHOSEN THE FIELD OF STUDY YOU ARE PURSUING? FOR WHAT REASON DID YOU CHOOSE THE SCHOOL YOU WILL ATTEND?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PLEASE SUMMARIZE YOUR INTERESTS, ACTIVITIES, AND COMMUNITY INVOLVEMENT OUTSIDE OF 4-H  
(YOU WILL HIGHLIGHT YOUR 4-H BACKGROUND ON THE NEXT PAGE).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(over)

# 4-H BACKGROUND

ATTACH ADDITIONAL SHEETS IF NECESSARY. **BE CONCISE BUT THOROUGH.**

YEARS ENROLLED IN PORTAGE COUNTY 4-H: \_\_\_\_\_  
YEARS ENROLLED IN ANOTHER COUNTY 4-H PROGRAM: \_\_\_\_\_  
TOTAL YEARS IN 4-H: \_\_\_\_\_

## ALL CLUB OFFICES HELD

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## ALL COUNTY OFFICES HELD:

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## ALL HONORS WON IN 4-H:

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## ALL 4-H PROJECTS:

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## ALL SPECIAL ACTIVITIES:

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## PROJECT LEADERSHIP:

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WRITE A PARAGRAPH ON ANY OTHER THINGS YOU MAY WANT TO ADD.

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**FURNISH AT LEAST THREE (3) LETTERS OF RECOMMENDATION, WITH AT LEAST ONE BEING FROM A 4-H LEADER.**

TO THE BEST OF MY KNOWLEDGE, ALL OF THE ABOVE INFORMATION IS ACCURATE.

MEMBER'S SIGNATURE: \_\_\_\_\_

GENERAL LEADER'S SIGNATURE: \_\_\_\_\_

**RETURN FORM TO: PORTAGE COUNTY EXTENSION, 1462 STRONGS AVE, STEVENS POINT, WI 54481**

**APPLICATION DEADLINE: MARCH 15, 2021**