

Scholarship Application For Washington Focus

Name: _____ 4-H Club: _____

Complete Address: _____

Telephone: (____) _____

4-H Youth Information:

4-H Age (as of Jan. 1 of current year) _____ Birth Date: _____

Year in School: _____

Date of event _____

Total cost of event: \$ _____

How do you plan to benefit by participating in this event?

How do you plan for the county 4-H program to benefit from you participating in this event?

Misconduct of 4-H'er may result in reimbursement of scholarship to the Foundation.

4-H'ers Signature: _____

Parent/Guardian Signature: _____

Submit Request Form to: Leavenworth County 4-H Foundation Chairman
% Mrs. Donna Wiley, 14661 254th Street, Lawrence, Kansas 66044

____ Approved

____ Deferred

Date: _____ 4-H Foundation Board: _____

Date: _____ 4-H Foundation Board: _____

Date: _____ 4-H Foundation Board: _____

Date: _____ 4-H Foundation Board: _____

Date: _____ 4-H Foundation Board: _____