



4-H Farm Bureau Scholarship Application

If selected to receive a scholarship, you will be notified via phone or mail. Completing an application does not guarantee a scholarship to camp.

Name _____

Address _____

City _____ State _____ Zip _____

Birth date _____ Age at event _____ Grade _____

Have you ever attended this 4-H event? ____ yes ____ no If yes, how many years? _____

Have you ever received a scholarship to attend this event? ____ yes ____ no If yes, how many scholarships have you received to attend this event? _____

Are you a member of a 4-H club? ____ yes ____ no Club Name _____

In what Northampton County 4-H activities have you participated during the past year, if any?

In the child's own words, tell why they would like to attend this 4-H event. Use a minimum of three complete sentences.

If you do not receive your scholarship are you willing to pay the full price to attend the event? ____ yes ____ no

Which 4-H event would you like to attend? _____

4-H Farm Bureau Scholarship Financial Information

Please provide the following information for parents/guardians who either live in the home or are paying child support. This information will be kept strictly confidential and will only be used to determine eligibility for awarding scholarships.

With whom does the applicant live? ____ mother only ____ father only ____ both parents
____ grandparent ____ other relative ____ legal guardian

Total number of people in applicant's household? _____

Parent/Guardian 1 Name _____
Place of Employment _____
Position _____

Parent/Guardian 2 Name _____
Place of Employment _____
Position _____

Does this child receive free or reduced lunch? _____ yes _____ no

Please check the category below that best describes your household annual gross income including **all income**, child support, assistance programs, food stamps, etc.

_____ below \$20,000	_____ \$30,000-\$40,000
_____ \$20,000-\$30,000	_____ above \$40,000

Why do you need financial assistance?

I verify that the above information is true and correct to the best of my knowledge.

Parent/Guardian Signature

Date

Return this application to: Northampton Cooperative Extension
c/o Caroline Brown, 4-H Agent
P.O. Box 636
Jackson, NC 27845