

2024 Fayette County 4-H Scholarship Application

Name:	Birthday:	Age:	
Address:			
City:	State: OH	Zip:	
Email:	Phone:		
Club/Group Name:	Years in 4-H:	Years in 4-H:	
Advisor(s):			
gh School Attended: High School GPA:			
College or College Choices:			
Anticipated Major:			
 CRITERIA: Read all information included in th Applicants must be must be a graduati Applicants must be a 4-H member in graduati The scholarship application must be ty Roman, Arial fonts) Must be turned into the Fayette Count 2024. 	ng senior. Dod standing ped, 12 point (preferably C		
I personally have prepared this record and c	ertify that it accurately ref	lects my work:	
Signature of 4-H member:	Date:		
We have reviewed this record and believe it	to be correct (must have o	one signature):	
Parent/Guardian:	Date:		
Parent/Guardian:	Date:	Date:	

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	Recen	t Photo, emailed to ulry.9@osu.edu			
	Two (2	Two (2) letters of recommendations from: a 4-H advisor (not a county Extension			
	Educa	tor), a teacher, school administrator, community leader, or individual from you			
	area of study, not a related to you. The letters must be in sealed envelopes with their				
	signature across the seal. This is a requirement.				
	Transcript				
	List and describe any involvement and/or Achievements in the following (limit to 2				
	pages):			
	a.	4-H Projects and Awards			
	b.	Leadership Roles			
	c.	Major Honors/Awards			
	d.	Non-4-H related activities			
	Explar	nation of future goals & career plans			
	Descri	ption of involvement and experiences in 4-H (limit 1 page)			
	How h	as your 4-H experience benefited you? (limit to 2 page)			

ALL applicants must include the following:

NOTE: Scholarship recipients will only receive the scholarship once proof of semester completion (Grades) or second semester/quarter class schedule is provided.