Coös County 4-H Advisory Council
Scholarship Application

Note: All individuals who wish to receive a scholarship from the Coös County 4-H Advisory Council must complete this simple application. It should be sent to:

Coös County 4-H Advisory Council
c/o UNH Cooperative Extension
629A Main Street
Lancaster, NH 03584

My name is _______________________________________________________________

The name of my 4-H club is____________________________________________________

My address is _______________________________________________________________

I would like to ask the Coös County 4-H Advisory Council to help fund me so that I can participate in the:

Name of event, trip, or reason for funds

Please tell us, in your own words, what you hope to gain from your participation in this event?
It is important that other 4-H members in Coös County learn about the different opportunities that are available. How will you share this experience with others? Check all that apply.

☐ I would be happy to write an article for Across Coös and/or the local newspaper about my experience.

☐ I would like to give a brief talk about my trip at the annual county 4-H Achievement Ceremony.

☐ I will talk to my club about this opportunity.

☐ Other. Please explain:

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

What types of 4-H fund raising did you participated in within the last year?

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

I realize that I am responsible for funding all costs above the dollar amount of the Coös County 4-H Advisory Council allowance. Further, I agree to send a note of thanks to the Advisory Council (address listed on page 1). I also understand that if, for any reason, I do not attend the listed event that I will be expected to reimburse the Advisory Council in full.

Signature of applicant __________________________________________ Date__________________

Signature of Parent/Guardian ____________________________ Date __________________

UNH Cooperative Extension is an equal opportunity educator and employer.