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 application.

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

 Applicant’s Name ____________________________________________________________

Complete Address_____________________________________________________________________

Phone ___________________________ Email _______________________________________________

4-H Member/Leader? Y or N Name of Club_______________________________________________

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

Anticipated total cost $________________ Are you receiving funding from another source? Y or N

If so, where is your other funding coming from?________________________________________

Please tell us, in your own words, why you are interested in participating in this event? What do you hope to learn? (Word requirements: ages 8-11, 50 words or more; ages 12+, 150 words or more)
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 4-H Newsletter 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 County 4-H fund raising have you participated in within the last 12 months?

Dairy Bar @Lancaster Fair? Y or N Total Hours?________

Tractor Supply Clover Campaign 4-H Day (spring and/or fall)? Y or N Total Hours?________

Have you or your club supported the Coös County 4-H Advisory Council in any other way?

Y or N

When?________________________________________ Other? (please explain)______________________________

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 this event that I will reimburse the Advisory Council in full.

Signature of Applicant ______________________________ Date________________

Signature of Parent/Guardian __________________________ Date ________________

Parent/Guardian Name (please print) ________________________________________