



# ***GREEN COUNTY 4-H CONTINUING EDUCATION SCHOLARSHIPS & SPONSORSHIP APPLICATION***

Est. 2013

1. Scholarships and Sponsorships will be awarded to 4-H Alumni and Volunteer Leaders.
2. Applicants must have been enrolled in the Green County 4-H program as a member, leader or a combination of both for at least three (3) years.
3. Applicants can earn one (1) scholarship one (1) time per year.
4. The Green County 4-H Executive Board reserves the right to change the number given based on applications received on an annual basis. Upon approval of the Executive Board, the request will then be brought forward to Adult Leaders.
5. Requests must be 4-H related.
6. Applicants that receive funds are asked to give a presentation at the Green County 4-H Adult and Junior Leaders within a year after completion of the event or activity being sponsored. Funds will be paid within 30 days of the presentation to the Green County 4-H Adult Leaders.
7. **To be considered for a request, please return applications to:** 4-H Continuing Education Scholarship/Sponsorship Committee, % Green County Extension Office, JUSTICE CENTER, 2841 6<sup>th</sup> St., Monroe, WI 53566
8. **DO NOT** add additional sheets



Established February 2013

Date Rec'd _____
Approved _____

DO NOT WRITE IN BOX

## Green County 4-H Continuing Education Scholarship/Sponsorship Application

Name: \_\_\_\_\_ DATE: \_\_\_\_\_

Complete Address: \_\_\_\_\_

Number of Years in 4-H \_\_\_\_\_ Phone \_\_\_\_\_

Name of 4-H Club: \_\_\_\_\_

Name & Address of Educational program or Activity requested:

\_\_\_\_\_  
\_\_\_\_\_

I plan to start the school/program/activity in \_\_\_\_\_ of the year 20\_\_\_\_.

I am enrolled in: Please check: \_\_\_\_\_ 4 year, \_\_\_\_\_ 2 year, \_\_\_\_\_ or other program.

If Other, what specific program, event or activity do you intend to enroll in?

\_\_\_\_\_  
\_\_\_\_\_

Type of Program: Workshop or Training Program Conference\_\_\_\_ /  
Credit Course\_\_\_\_ / On-line Credit Course\_\_\_\_ / Other (Please  
Describe): \_\_\_\_\_

Number of Credit Hours:\_\_\_\_ / Audit Hours:\_\_\_\_ / CEs:\_\_\_\_ (If applicable)

Amount Requested from the Green County 4-H Adult Leaders: \_\_\_\_\_

What is the total expected cost of this program? \_\_\_\_\_

What other sources of funding have you applied for?

\_\_\_\_\_

10. Outside funding requested:

Source: \_\_\_\_\_ Amount \$ \_\_\_\_\_

Source: \_\_\_\_\_ Amount \$ \_\_\_\_\_

**1.) Why do you want to complete this program or activity?**

**2.) How do you feel this program enriches 4-H?**

**3.) How has 4-H helped you as a person? (200-300 words)**