

# Ada County 4-H Endowment Fund Event Scholarship Application

Date

Received: \_\_\_\_\_

Complete: \_\_\_\_ YES \_\_\_\_ NO

This form is to be used in application for Ada County scholarships and must be **submitted at least one month before the event** or at the specified scholarship due date listed at each event. A written or verbal report on the event would be appreciated following the event for which the scholarship was provided. **Note: All funding is subject to availability**

## Scholarship Requested

\_\_\_\_ 4-H Know Your Government

\_\_\_\_ 4-H STAC

\_\_\_\_ 4-H Horse Camp

\_\_\_\_ 4-H District, State or National Event (describe below)

\_\_\_\_ 4-H Adventure Camp

\_\_\_\_ Other (describe below)

**District and National Events and other events not listed above:** Please provide the name a detailed description of the event in the space below and **Attach a Cost Estimate** for the event. **Application is not complete unless a cost estimate is attached and will be disqualified for funding.**

Name of Event \_\_\_\_\_ Date of Event \_\_\_\_\_

Detailed Description of event: \_\_\_\_\_

## Applicant Information

Applicant Name: \_\_\_\_\_

Club Name: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Telephone: \_\_\_\_\_

Age: \_\_\_\_\_ Years in 4-H: \_\_\_\_\_

Recipients receiving scholarships are **REQUIRED** to help with 4-H activities within the current year of receiving the scholarship. Choose 2 or more activities from the list below indicating which events you would prefer to help with. For more information contact the Extension Office. (Cannot be a club event)

\_\_\_\_ Ada Co Leader's Benefit

\_\_\_\_ 4-H Open House

\_\_\_\_ Cascade Lake 4-H Camp Workday

\_\_\_\_ County 4-H Horse Event

\_\_\_\_ Other County 4-H Event

\_\_\_\_ Recognition night

\_\_\_\_ Interview Evaluations (age 12+)

\_\_\_\_ 4-H Camps (age 12+)

\_\_\_\_ Camp Counselor

\_\_\_\_ 4-H Day Camps (age 12+)

**Have you received a scholarship(s) the Previous 4-H year (2023-2024)?** Yes \_\_\_\_ No \_\_\_\_ If yes, list scholarships received and amount awarded.

Event for which Scholarship was received	Amount of Scholarship
1.	
2.	
3.	

**All Sections must be completed on this page to be considered a "COMPLETE" application. Signed and Dated by**

**4-H member AND leader**

Explain the event you are attending.

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Explain why you want to attend, what you hope to gain from the experience and why you feel you are a qualified applicant

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Following this activity, how would you share ideas and information gained by your participation to the 4-H program in your area?

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The undersigned verify that this application has been completed by the 4-H member and accurately reflects his/her work. I also certify that I am a current enrolled 4-H member in Ada County.

**Signature of 4-H Member:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Volunteer/Leader Recommendation (preferred from non-family member)**

The length of time you have known the applicant \_\_\_\_\_ Is applicant active in his/her club? In what capacity?

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Please explain what you think the applicant/club will gain from this experience.

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Please list any special circumstances that should be considered.

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Other comments:

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**Signature of Volunteer/Leader** \_\_\_\_\_ **Date** \_\_\_\_\_

**Address** \_\_\_\_\_ **Telephone** \_\_\_\_\_