

MONMOUTH COUNTY 4-H ASSOCIATION
4000 Kozloski Road, Post Office Box 5033
Freehold, New Jersey 07728
(732)431-7263

ANNOUNCES

SCHOLARSHIP FOR CONTINUING EDUCATION

Eligible 4-H members may apply for \$500.00 scholarships by submitting an application by April 15, 2008 with two letters of recommendation, one of which must be from a 4-H leader. (Applications are available at the 4-H office)

Applications, which are received after April 15th, will not be considered.

To be eligible, 4-H members must be:

- 1. 17 – 19 years of age*
- 2. At least a senior or equivalent if home schooled*
- 3. Must be a member of the Monmouth County 4-H Youth Development Program*
- 4. Have been actively involved in 4-H for the last three (3) years*
- 5. Show proof of acceptance at an accredited educational facility*
- 6. May only win it once*

**APPLICATION FORM
OFFERED BY THE
MOUMOUTH COUNTY 4-H ASSOCIATION
(TYPE OR PRINT)**

NAME _____ **PHONE** _____

ADDRESS _____
(#) (STREET) (TOWN) (ZIP)

DATE/YEAR OF BIRTH _____ **CURRENT SCHOOL** _____

SCHOOL YOU WILL ATTEND IN SEPTEMBER _____

WHAT CAREER DO YOU PLAN TO PURSUE? _____

NAME OF 4-H CLUB _____ **YEARS IN 4-H** _____

PROJECT (S) _____ **YEARS IN**
PROJECT _____
(IF YOU NEED ADDITIONAL SPACE FOR ANSWERS, PLEASE ATTACH A SEPARATE PIECE OF PAPER)

WHAT SIGNIFICANT AWARDS & RECOGNITIONS HAVE YOU RECEIVED IN 4-H? _____

LIST YOUR ACCOMPLISHMENTS (INCLUDE PRESENTATIONS, ANY EXPERIENCE AS A CIT OR COUNSELOR AT 4-H CAMP).

WHICH ACCOMPLISHMENTS ARE YOU MOST PROUD OF? _____

WHY? _____

WHAT HAVE YOU DONE FOR THE BETTERMENT OF 4-H?

WHY WOULD YOU RECOMMEND 4-H TO PROSPECTIVE MEMBERS?

WHAT ONE THING HAVE YOU DONE OUTSIDE 4-H THAT HAS MADE OTHERS PROUD OF YOU?

WHY WOULD YOU LIKE TO BE AWARDED THE 4-H ASSOCIATION SCHOLARSHIP IN 2008?

FOR WHAT OTHER MEANS, SCHOLARSHIPS AND GRANTS ARE YOU APPLYING?

LIST LOAN, SCHOLARSHIPS AND GRANTS THAT YOU HAVE RECEIVED AT THIS TIME. (PLEASE LIST AMOUNT OF EACH)

DO YOU HAVE A FINANCIAL NEED? (OPTIONAL) EXPLAIN.

MEMBER'S SIGNATURE _____

DATE _____

PLEASE SUBMIT THIS APPLICATION WITH TWO LETTERS OF RECOMMENDATION, ONE OF WHICH MUST BE FROM A 4-H LEADER (PLEASE CONTACT THESE PEOPLE IMMEDIATELY)

BY: _____

Mail form to -

*4-H Association
4-H Office
4000 Kozloski Road
Post Office Box 5033
Freehold, New Jersey 07728*