

Contra County 4-H County Council

Youth Support Scholarship Application

Date: _____

Applicant's Name: _____ Age: _____ Grade: _____

Mailing Address: _____

4-H Club: _____

How many years have you been in 4-H? _____

What are your projects of interest? _____

Event Date: _____ Event to be attended: _____

___ I have attended _____ before.

___ I have not attended _____ before.

Have you ever received financial assistance from the Contra Costa County 4-H Council for _____? ___ Yes ___ No

If yes, what year _____

Please explain your financial need for this scholarship:

Applicant's Signature: _____ Date _____

Parent or Guardian Signature: _____ Date _____