



# Rockingham County 4-H Scholarship Application



4-H Scholarships are open to all current 4-Hers and non 4-Hers who are interested in attending a 4-H event. Scholarship applications are due two weeks prior to event deadline. Judging criteria is based on 50% need and 50% 4-H participation. All submitted information is confidential and remains anonymous when presented to the committee.

Submit to: Rockingham Extension Office, Attn: Dara Booher,  
965 Pleasant Valley Road, Harrisonburg, VA 22801.

### Applicant Information:

Name: \_\_\_\_\_  
(Please use the same name that you put on your registration form.)

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

Home Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_

Please list your 4-H activities (if any): \_\_\_\_\_

\_\_\_\_\_

How many shifts have you and/or your family worked in the food booth? \_\_\_\_\_

### Parent/Guardian Information:

Father's Name: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Employer: \_\_\_\_\_

Mother's Name: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Employer: \_\_\_\_\_

With whom does the applicant reside?

Father

Mother

Both

Other: (explain)

\_\_\_\_\_

Number of children in household (including applicant): \_\_\_\_\_

What school does the applicant attend? \_\_\_\_\_

Please explain the 4-H event \_\_\_\_\_

Total number of children in family planning to attend 4-H event? \_\_\_\_\_

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What is the current family situation and why are you requesting the scholarship?

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**Required** Recommendation from Guidance Counselor, Social Worker, Public Health Nurse, 4-H Leader, etc.

Name: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_

Comments:

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**To be completed by the applicant:**

**\*REQUIRED\***

Why do you want to attend this 4-H event?

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What amount of scholarship are you requesting? \$ \_\_\_\_\_

Are you able to provide transportation (circle one)?      Yes      No      Not Applicable

**I certify that all of the above information is true and correct. I understand that my child may receive a partial scholarship.**

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

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