

MARATHON COUNTY 4-H TRI-CLUB SCHOLARSHIP APPLICATION

Please Print:

NAME: _____

ADDRESS _____

HOME PHONE# _____ EMAIL# _____

DATE OF BIRTH _____

PARENT NAMES _____

COLLEGE OR TECH ENROLLED _____

NAME OF 4-H CLUB _____

NUMBER OF YEARS A MEMBER _____

LEADER/S NAME _____

APPLICANT SIGNATURE _____

PARENT SIGNATURE _____

CLUB LEADER SIGNATURE _____

YOUTH DEVELOPMENT SIGNATURE _____

RECOMMENDATION (OTHER THAN MENTIONED ABOVE)

DEADLINE: APRIL 1

SEND TO: Diana Mcmeeken, 799 Leisure Lane, Stratford WI 54484

