

\$Amount

Year 2009

First Name Last

**WAUKESHA COUNTY 4-H LEADERS' ASSOCIATION  
SCHOLARSHIP AWARDS  
APPLICATION FORM TO RECEIVE MONEY**

<b>Award Recipient:</b> «FirstName» «LastName»	<b>Award Amount:</b> \$ «Amount»
<b>Award Date:</b> December 31, 2009	<b>Expires:</b> December 31, 2011

Application Date: \_\_\_\_\_  
Address (Where to send award check): \_\_\_\_\_  
City, State, ZIP: \_\_\_\_\_

**Academic Status - Completed First Term Information**

Name of School: \_\_\_\_\_  
School Address: \_\_\_\_\_  
Title of Higher Education Major: \_\_\_\_\_  
Credits Completed: \_\_\_\_\_  
Cumulative Grade Point Average: \_\_\_\_\_

**Academic Status - Re-Enrollment Information**

Name of School: \_\_\_\_\_  
School Address: \_\_\_\_\_  
Title of Higher Education Major: \_\_\_\_\_  
Start Date of Semester or Quarter: \_\_\_\_\_  
Credits Attempted: \_\_\_\_\_

**Additional Information** – Optional -Not Required  
(This information will help with future planning of scholarship amounts)

Annual Cost of Tuition: \$ \_\_\_\_\_  
Annual Cost of Books: \$ \_\_\_\_\_  
Annual Cost of Housing: \$ \_\_\_\_\_  
Any comment you may feel important: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Submittal Instructions** - After completing the above required and optional information:

Attach a school transcript as proof of completion of first full term and re-enrollment information (a tuition bill, an official school enrollment confirmation, etc.) to back of this form.  
Staple to back in top left corner.

Send form with attachments to: Mary Hiemke, Awards Scholarship Chairperson  
Waukesha County 4-H Leaders Association  
N87W35753 Mapleton Road  
Oconomowoc, WI 53066 (920) 474-4589  
hiemkem@execpc.com