

Mendocino County 4-H Program Scholarship Application

Deadline for ALL Projects: October 15

4-H Club Applying For:		Da	Date:		
Parent or Guardian Full Na	ne:				
Mailing Address:		Phone Number:			
		Email:			
4-H Applicant Name(s):	$\underline{ ext{Age}}$	Will you be participat	ing in a m	arket animal project?	
First Name:	Last Na	ame:	□ Yes	\square No	
First Name:	Last Na	ame:	□ Yes	\square No	
First Name:	Last N	ame:	□ Yes	\square No	
If approved, please indica	te below what am				
Please do not make any payn	ıents towards enro	llment fees until status of sc	holarship	is confirmed	
By signing below, I certify	$all\ information$	provided is true.			
Parent or Guardian Signatur	re:				
Methods for application s	ubmission:				

1. Scanning signed copy and emailing it to jfarfan@ucanr.edu

This application will be reviewed and determined by the Mendocino County 4-H Incentive & Recognition Committee and will notify applicant of their scholarships shortly after deadline.

If approved, payment of enrollment fees (if any) through scholarship should be made to The Mendocino 4-H Council and not through the Clubs

Please contact Jessica Farfan at <u>ifarfan@ucanr.edu</u> if you have any questions or concerns regarding the application process.

