**Youth Request for Event Scholarship**

**Name:** Click here to enter text. **4-H Club:** Click here to enter text.

**Years in 4-H:** Click here to enter text. **Age:** Click here to enter text.

**Address:** Click here to enter text.

**Email**: Click here to enter text. **Phone:** Click here to enter text.

**Conference/Event to be attended (include dates and location)**  First time:  Repeat CustomerClick here to enter text.

**Registration Fee:** Click here to enter text. **Amount Requested:** Click here to enter text.

County 4-H Council executive board will consider scholarship amounts depending on the current budget, prior assistance, and reasons for attending the conference. Up to 100% of the registration fee will be eligible for the scholarship amount. **T-shirts, travel, room and board if not bundled into the registration fee, optional workshop fees, and other materials will not be compensated by County 4-H Council.**

**Why are you attending this event? What do you hope to gain as a result of attending?**

Click here to enter text.

**List any prior financial assistance you have received from the County 4-H Council:**

Click here to enter text.

**Youth Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** Click here to enter a date.

**Parent/Guardian Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** Click here to enter a date.

**Due:** Requests must be made prior to the 4-H conference/event/competition attended.

**Requirements of recipients:** (1) write a 1-3 paragraph article for the County Blog for the following month and/or (2) give a 3-5 minute presentation at a County 4-H Council meeting following the conference/event. The article and/or presentation must depict something you learned or knowledge that you gained from attending the conference/event.

**Completion form:** After the article is submitted or presentation made please fill out the Completion Form to receive the scholarship at the next County 4-H Council following the receipt of the completion form.

UCCE Office Use

Date Received \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sent to Council \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Completed Requirement(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Payment Check # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Send to:

San Mateo County 4-H Council,

1500 Purisima Creek Road

Half Moon Bay, CA 94019

email: [smsf4h@ucanr.edu](mailto:smsf4h@ucanr.edu)