

**SANTA CRUZ COUNTY 4-H COUNCIL
SCHOLARSHIP APPLICATION**

NAME: _____

ADDRESS: _____
 (Street) (Town and Zip Code)

PHONE NUMBER: _____ EMAIL: _____

CLUB: _____ DATE OF BIRTH:_____

HIGH SCHOOL: _____

WHEN WILL YOU GRADUATE FROM HIGH SCHOOL? (Month and Year) _____

ALREADY GRADUATED? Yes _____ WHEN _____

WHAT IS YOUR CAREER INTEREST AT THIS TIME? _____

WHAT JOBS HAVE YOU HELD OR WORK HAVE YOU DONE? _____

THINGS WE MIGHT LIKE TO KNOW ABOUT YOU (such as 4-H activities, school, church, community,
hobbies, etc.) (Attach separate sheet, if necessary.)

**Two letters of recommendation submitted with application.
(1 from 4-H leader; 1 from outside of 4-H)**

Signature of Applicant: _____ Date: _____

Signature of Parent or Guardian: _____ Date: _____

Signature of Club Leader: _____ Date: _____