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 in sealed envelope submitted with scholarship application including resume, essay OR current 4-H record book.

(Letters of recommendation include 1 letter from 4-H leader; 1 letter from outside of 4-H)

Signature of Applicant: _____ Date: _____

Signature of Parent or Guardian: _____ Date: _____

Signature of Club Leader: _____ Date: _____

Revised & Approved by 4-H County Council on 3/16/17