

WASHINGTON STATE 4-H SCHOLARSHIP APPLICATION

Please type or print clearly in black ink

PERSONAL DATA

Name _____ Date of Birth _____ Gender _____

Address _____
City _____ Zip _____

County _____ Current Grade _____

Parents/ Guardian Name _____

Home Phone: (_____) _____ Work Phone: (_____) _____
Area Code Area Code

FAX: (_____) _____ Email: _____

St. Legislative District Number _____ St. Senator _____

St. Representative _____ St. Representative _____

U.S. Congressional District Number _____ U.S. Representative _____

4-H AFFILIATION

Years involved in 4-H: _____

POST SECONDARY PLAN

Name of institution you plan to attend: _____

STATEMENT BY 4-H APPLICANT

I have prepared the **Washington State 4-H Application** and believe it to be accurate and true.

Signature of Applicant _____ Date _____, 20____

ENDORSEMENT OF APPLICATION

I have reviewed the **Washington State 4-H Application** and believe it to be accurate and true

Signature of Parent/Guardian _____ Date _____, 20____

Signature of Sponsor/Leader _____ Date _____, 20____

Signature of County Agent/Staff _____ Date _____, 20____

All signatures must be present in order for application to be considered.
Please DO NOT STAPLE application forms and additional documents