

Geauga County 4-H Advisory Scholarship 2019 Academic Year

Deadline for submission of application is May 1, 2019

General Instructions

1. You must have been an active 4-H member in good standing for a minimum of four (4) years to be eligible. Recent 4-H Alumni (within 4 years of scholarship year) are eligible to apply if they are currently enrolled in college, university, or trade/technical institute.
2. A typed or neatly printed application must be physically submitted to the Geauga County Extension Office by May 1, 2019 at 4:30pm. **No late entries will be accepted.**
3. Application must be completed in its entirety. Omission of any information will result in ineligibility.
4. This is a one-time scholarship offering; however, if future funds are available, the Advisory Committee may offer more scholarships in the future.
5. Two \$500 scholarships will be awarded:
 - a) One winner attending Ohio State University
 - b) One winner attending any other university/college/technical institute
6. No personal checks will be issued. Scholarship applicants must provide their college student account information via the Remittance Form included with their application. Failure to provide the requested information or request an extension due to delayed entry will result in ineligibility.
7. *Attach an essay (up to 500 words) describing your involvement in 4-H and how 4-H has impacted your youth and your future: (Staple essay behind this application.) Essay should be typed and double spaced.*
8. This is a one-time award. Previous award winners are not eligible to apply.

Return Completed Application to:

**OSU Extension
Attn: 4-H Advisory Scholarship
P.O. Box 387
Burton, OH 44021**





GEAUGA COUNTY 4-H ADVISORY SCHOLARSHIP APPLICATION FORM



1. Applicant Information

Name: _____
(First) (Middle) (Last)

Home Address: _____
(Street) (City) (State) (Zip)

Phone: (____) _____ Email: _____

Date of Birth: _____ Number of years lived in Geauga County: _____

College/University/Institute: _____

Course of Study: _____ Anticipated Graduation: _____

2. Family Information

Mother's name _____

Father's name _____

Street address _____

Street address _____

City, ST, Zip _____

City, ST, Zip _____

Phone number _____

Phone number _____

3. 4-H Information

Attach copy of 4-H Achievement Record if applicable.

Club Name(s)	Years Active in Club

Offices Held: _____

4-H Awards/Recognition Received: _____

4-H Community Service projects & hours completed: _____

4. Education

List all secondary and/or technical schools you have attended in the past 5 years starting with the most current school.

What career path would you like to pursue after finishing college?

5. Academic, Athletic, Community, and Extra Activities

Use additional pages or attach a resume or vita.

List any awards you received and the date.

List your participation in athletic activities or extra-curricular activities/clubs.

List your participation in community service projects (non-4-H).

6. Employment History

List all jobs you have held in the past three years.

Employer	Dates	Position	Hours/week
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

7. Transcript History

A copy of your transcript is not required however may be requested. Failure to submit a transcript upon request will result in forfeit of award if selected.

Ranking in senior class: _____ of _____

GPA: _____ on a _____ scale

Best Combined SAT Score: Date: _____ Verbal: _____ Math: _____ Writing: _____

Best ACT Score: Date: _____ Score: _____

8. References

Please provide two references who are not relatives.

Name: _____ Phone Number: _____

Relationship to Applicant: _____ How long have you known this person: _____

Name: _____ Phone Number: _____

Relationship to Applicant: _____ How long have you known this person: _____

I do state the information contained in this application is accurate to the best of my knowledge.

Signature of Applicant: _____ **Date:** _____

Signature of 4-H Advisor: _____ **Date:** _____

(If applicant is current 4-H member)

Geauga County 4-H Advisory Scholarship Remittance Information

Due: May 1, 2019. Must accompany application.

Name: _____
(Last) (First) (MI)

University: _____

Address: _____
(Bursar's Office, Financial Aid Office, etc.)_____
(Street Address or P.O. Box)_____
(City)

(State)

(zip)

University Phone Number: _____

Student ID Number: _____

If you do not have a Student ID at this time, please indicate by checking this box
Please provide a copy of your acceptance letter, tuition bill, or class schedule to verify enrollment

All information is kept confidential.

Please complete fully and return to:
OSU Extension
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P.O. Box 387
Burton, OH 44021

