



Virginia Cooperative Extension

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4-H PROGRAM SCHOLARSHIP APPLICATION



Due with registration form for program

**All information on this form will remain confidential.
(Please PRINT)**

Child's name _____

Name of 4-H Program _____

Why does your child need a scholarship? (Please give examples, such as loss of job in family, education expenses, medical bills, etc.)

How will your child benefit from this 4-H experience?

Parent/Guardian please sign here

Date

Call 493-8924 (Westmoreland) or 333-3420 (Richmond Co.) if you have any questions.