

Los Angeles County 4-H Leaders' Council

Request for Council Scholarship

Date: _____

Name _____

Address _____

Phone _____ Youth _____ Adult _____

4-H Club _____

Community Club Leader _____ Phone _____

Applying for scholarship to: _____

To be held on (date): _____

The amount requested is: _____

Payable to: _____

Sent to: _____

By date: _____

Confirmation of scholarship needed by date: _____

Special limitations, qualifications, etc. for this scholarship: _____

Explain why you want to attend and how this will be a benefit to you:

Explain how you intend to share the knowledge obtained with others in the Los Angeles 4-H Program:

_____ will put write-ups of at least 2 workshops attended in the Leader Resource Binder in the LA 4-H office by date _____

_____ will offer a workshop on _____ on date _____

_____ will use the information in fulfilling my duties as _____
(explain) _____

_____ (explain) _____

Applicant Signature: _____

If youth, Community Club Leader signature: _____