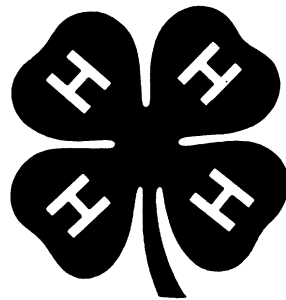


LICKING COUNTY 4-H COMMITTEE
SCHOLARSHIP
2019



APPLICATION PACKET

Return by Friday, October 18th to:
Licking County 4-H Committee
771 East Main Street, Suite #103
Newark, Ohio 43055

1. **Applicant Eligibility...**
 - a. The applicant must be a current Licking County 4-H member.
 - b. The applicant must have completed five or more consecutive years of 4-H work within Licking County.
 - c. The applicant must have been active in the 2019 4-H year.
 - d. The applicant must be at least a high school senior during the 2019-2020 school year. Members who have completed their final year in 4-H during this 2019 project year **are** eligible.
 - e. Application must be typed (not handwritten). Applicants may feel free to re-create this document on a home computer providing that spacing and margins are consistent with this application provided by the 4-H Committee.
 - f. Application must be accompanied by completed Ohio 4-H Achievement Record.
 - g. Previous recipients are ineligible.
 - h. Application must be received by **4:30 p.m. on October 18th**.

2. **Selection is based upon...**
 - a. Involvement and participation in 4-H on local, county, district, state, and national levels during prior years within Licking County 4-H program as reported within Ohio 4-H Achievement Record.

3. **Awarding of the Scholarship...**
 - a. The official presentation of the Scholarship awards will be made during the 4-H Recognition Event to be held in November. The scholarship check will be awarded once the 4-H Committee has received a copy of the award winner's paid fee receipt.

**Scholarship Applications must be returned to the
Licking County Extension office on or before **October 18, 2019.****

LICKING COUNTY 4-H COMMITTEE SCHOLARSHIP
~ Application Form ~

Name: _____

Home Address: _____

City: _____ Zip: _____

Home Telephone Number: (____) _____ - _____

Parent's or Guardian's Name(s): _____

Resident County: _____

Date of Birth: _____ Age as of January 1, 2019: _____

Name of 4-H Club(s): _____

Name of Organizational Advisor(s): _____

Number of consecutive years in Licking County 4-H Program: _____

High School Attending/Attended: _____

Year of Graduation _____

Name of College or Technical School Currently Attending:

Advisor's Name: _____

Phone Number: _____

I. PROJECT AREAS: Indicate number of years within a project area and the number of projects completed. *For example you may have taken food & nutrition projects for 9 years which included completing 18 projects.*

YEAR(S)	PROJECTS	YEAR(S)	PROJECTS
_____	_____ Discovering 4-H	_____	_____ Home Decor. & Design
_____	_____ Aerospace Science	_____	_____ Horses
_____	_____ All-Terrain Vehicles	_____	_____ Insects
_____	_____ Archery	_____	_____ Lawn Care
_____	_____ Beef	_____	_____ Leadership
_____	_____ Beekeeping	_____	_____ Llama
_____	_____ Bicycle	_____	_____ Microwave
_____	_____ Cats	_____	_____ Money Management
_____	_____ Child Care	_____	_____ Natural Resources
_____	_____ Citizenship/Service	_____	_____ Pet Care
_____	_____ Clothing	_____	_____ Photography
_____	_____ Cloverbuds	_____	_____ Poultry
_____	_____ Communications	_____	_____ Rabbits
_____	_____ Creative Arts	_____	_____ Radio-Control Vehicles
_____	_____ Dairy	_____	_____ Robotics
_____	_____ Dog Care & Obedience	_____	_____ Rope
_____	_____ Electricity	_____	_____ Self-Determined
_____	_____ Field Crops	_____	_____ Sheep
_____	_____ First Aid	_____	_____ Shooting Sports
_____	_____ Fishing	_____	_____ Small Engines
_____	_____ Food Science	_____	_____ Swine
_____	_____ Foods & Nutrition	_____	_____ Tractor
_____	_____ Forestry	_____	_____ Trapping
_____	_____ Gardening	_____	_____ Veterinary Science
_____	_____ Genealogy	_____	_____ Welding
_____	_____ Goats	_____	_____ Woodworking
_____	_____ Grazing Management	_____	_____ Writing
_____	_____ Gun Safety	_____	_____ Other: _____
_____	_____ Health	_____	_____ Other: _____

II: STATE AND NATIONAL ACTIVITIES: Check ones which you have attended.

- | | |
|--|---|
| <input type="checkbox"/> Carving New Ideas (CNI) Workshop | <input type="checkbox"/> Citizenship Washington Focus |
| <input type="checkbox"/> International Programs | <input type="checkbox"/> Leadership Washington Focus |
| <input type="checkbox"/> National Dairy Conference | <input type="checkbox"/> Ohio 4-H Ambassador |
| <input type="checkbox"/> Ohio 4-H Conference | <input type="checkbox"/> Ohio 4-H Health Heroes |
| <input type="checkbox"/> Ohio Dairy Goat Conference | <input type="checkbox"/> Ohio Junior Fair Conference |
| <input type="checkbox"/> Ohio Teen Conference | <input type="checkbox"/> Ohio Teen Leadership Council |
| <input type="checkbox"/> State Forestry Camp / Camp CANOPY | <input type="checkbox"/> State Junior Fair Board |
| <input type="checkbox"/> State Leadership Camp | <input type="checkbox"/> State Sea Camp |
| <input type="checkbox"/> State Shooting Sports Camp | <input type="checkbox"/> Other: _____ |

III: COUNTY RESPONSIBILITIES: State number of years served in each category.

- | | |
|---|---|
| <input type="checkbox"/> 4-H CARTEENS Facilitator | <input type="checkbox"/> Cloverbud Day Camp Counselor |
| <input type="checkbox"/> Food & Fashion Board | <input type="checkbox"/> Hartford Junior Fair Board |
| <input type="checkbox"/> Summer Camp Counselor | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Other: _____ | |