Licking County 4-H Horse & Pony Council Collegiate Scholarship 2024

Dear Potential Applicant,

We are pleased to attach an application for the 2024 Licking County 4-H Equine Scholarship Fund. It is the intent of the Council that this scholarship will be presented to a 4-H member who has shown great interest and passion for the equine project area, who has also devoted time to service and leadership activities throughout their time in the program. Established in 2013, this scholarship will be presented each year at the Fall Banquet. During 2024, at least one \$1,000 scholarship will be presented to a deserving recipient, as long as there are qualifying applicants.

Applicants must meet the following criteria:

- Active member of a Licking County 4-H (enrolled in horse project), in the calendar year in which they apply;
- Planning to pursue a degree from a two / four year program at an accredited and degree granting institution;
- Applicant must be a 2024 graduated high school senior who will be enrolled in college classes during fall 2024;
- Participated in the Licking County 4-H Horse program a minimum of three consecutive years, including year of application;
- Must submit two letters of references (family members excluded). One letter must be submitted by your 4-H Club organizational advisor, the other may come from a local community leader, high school teacher, etc.
- Submit a copy of your most recent high school transcript and copy of college acceptance letter.
- Note: If circumstances prevent the member from being eligible for 4-H enrollment during their senior year, the situation should be addressed with the Horse & Pony Council in advance of scholarship deadline, during their final year of membership eligibility in the 4-H program. (3.11.19)

No additional information, beyond that which is listed within this application form, will be considered during selection. Selection will be based upon involvement and participation in 4-H Equine activities and events throughout their time of involvement in the Licking County 4-H Program. Selection will be made by 4-H Professionals from around Ohio. Recipients of the scholarship are no longer eligible to apply.

Once selected, recipient must submit a copy of a paid fees receipt to Licking County 4-H Horse & Pony Council Treasurer (by no later than December 1, 2024), so that a check may be written to the recipient's college / university. Recipient forfeits scholarship if documentation is not presented by stated deadline.

Application must be typed. Please fill it out in it's entirety as incomplete applications will not be considered.

Application must be postmarked by no later than Friday, May 17th.

Completed application should be mailed to:
Licking County 4-H Horse & Pony Council Scholarship
c/o Licking County Extension Office
771 E. Main Street, Suite 103
Newark, OH 43055



Licking County 4-H Horse & Pony Council Collegiate Scholarship Application Form

I. Personal Information		
Name:		
Parents/Guardian's Name(s):		
Home Mailing Address:		
City/Zip:		
ome Phone: Email Address:		
County of Residence:	DOB:/ Age as of 01/01/2024:	
High School:		
Date of Graduation:		
Number of Siblings: How many of t	hem are currently attending college:	
II. 4-H Information		
Name of Current 4-H Club(s):		
Name of Current Organizational Advisor(s):		
Past 4-H Clubs:		
Number of consecutive years in Licking County 4-H: / Years enrolled in Horse Project:		
Name any and all 4-H Club Offices you have held:		
List all 4-H County / State / National activities you have attended (i.e. Officer Training School, Ohio Teen Conference, State Leadership Camp, etc.):		

List all County 4-H Responsibilities & Awards (i.e. Royalty, Camp Co	ounselor, Junior Fair Board Member, etc.):
III. College	
Name of College Planning to Attend:	
Planned Area of Study / Degree:	
Hours Completed toward Degree (if applicable): / Cu	urrent GPA (if applicable):
Are you planning to reside on campus: Yes / No	
IV. Your 4-H Story Summarize in 500 words or less how you are involved in 4-H, school you are deserving of this scholarship. Please also address the degraph of the plan to pay for your education. (attach)	
I acknowledge that the information contained in this application applicant in a forthright and honest manner. I also acknowledge the final.	
Member:	Date:
Parent / Guardian:	Date:
Organizational Advisor:	Date: