

# BINGHAM COUNTY 4-H ENROLLMENT \_\_\_\_\_ (Year) SCHOLARSHIP APPLICATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_ ZIP: \_\_\_\_\_ Phone: \_\_\_\_\_

Birth date: \_\_\_\_\_ Age: ( on Jan 1, of current year) \_\_\_\_\_

Will you be able to participate in 4-H if no scholarship is able to be given?      Circle one      Yes      No

Please describe your financial need for this scholarship. Please be specific.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Scholarships will only be accepted from October 1<sup>st</sup> through the end of December during our early enrollment period.

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Office Only.

Application funded: \_\_\_\_\_ Yes      \_\_\_\_\_ No