

Scholarship Request  
for  
4-H Membership

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Telephone number \_\_\_\_\_

Club \_\_\_\_\_ County \_\_\_\_\_

Family Annual Income: Below \$20,000

Circle the correct amount \$20,000 to \$25,000

\$25,000 to \$30,000

\$30,000 and up

Number of siblings joining 4-H: 1 2 3 4 5

Circle the correct number

Please provide any additional information about your situation you feel we should know

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