



Macomb County 4-H Youth Council Scholarship Application Form

Applicant Information

Name: _____ Date of Application: _____

Address: _____ City: _____ Zip Code: _____

Primary 4-H Club: _____ No. Years in 4-H: _____ 4-H Age: _____

Scholarship Information

As of Jan 1

Name of Event: _____

Event Date(s): _____ Event Cost: _____ Event Location: _____

Describe your community service activities this past year. (5 hours minimum)

Date	Activity	Hours	Community Service Supervisor

Describe why you want to attend this event.

How will you be sharing your experience with others at the club or county level?

By applying for this scholarship, I agree to follow Macomb County 4-H Code of Conduct Guidelines.

Member Signature: _____ Parent Signature: _____

General Leader/Mentor Signature: _____ Date: _____

Please return scholarship application forms to:

4-H Youth Council, Macomb County MSU Extension, 21885 Dunham Suite 12, Clinton Township, MI 48036