

Grand Traverse County 4-H Exploration Days Scholarship Form

To be completed by 4-H Youth requesting financial sponsorship to attend 4-H Exploration Days. (Adults requesting/receiving financial assistance must fill out the GT County 4-H Youth Leader's Association Form)

Youth Name:			
Address:			
Street	City	Zip	
Youth Email address:	Yout	h Phone:	
Parent Email address:	Pare	nt Phone:	
School:	Grade:	_Age (on 1/1/22):	
Have you attended 4-H Exploration	Days before? H	ow many times:	
For first time attendees: How did yo	u hear about 4-H Explor	ation Days?	
What do you hope to learn at 4-H Ex	ploration Days this year	?	
How do you think you will benefit b	y this experience?		
Make a classroom pro Share with the memb Enter an exhibit abou	s and family about your of esentation next school you	ear xploration Days at t	
Complete the next 5 items only if yo	ou are, or have ever beer	, a 4-H member:	
1. 4-H Club Name:	Numb	er of years in 4-H: _	
2. Outline your 4-H activities for this	s year:		
3. Previous 4-H activities:			

4. Offices held in a 4-H Club:	
5. List the number of times you have participated in:	
NWMI Fair: 4-H Exploration Days:	
4-H Local Workshops/Events:	
4-H Capitol Experience: Other 4-H events (s	pecify):
Describe activities you have been involved in that are	outside of 4-H:
Describe any community service-type activities have y 4-H):	you been involved in (in 4-H or outside of
You are encouraged to explore various means of final lawns, collecting pop cans, washing cars, etc.) List the this 4-H opportunity:	ncing this opportunity (childcare, mowing various ways that you will help to finance
Scholarships are available for those who cannot atten much financial support do you need ?	
A maximum of 50% of total event registration cost is	available.
Please list scholarship need :	_
Youth Signature	Date :
Parent Signature	Date :
Return completed form to: MSU Extension 4-H 520 W. Front Street, Suite A Traverse City, MI 49684	

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