

4-H Participant Fee Scholarship Application



Youth's Name(s): _____

Address: _____

Parents / Guardian Name(s): _____

How many youth in your household are participants in 4-H in Van Buren County? _____

Does your household qualify for free/reduced lunch? _____

Why do you feel you need this scholarship?

What does your child(ren) hope to gain from the 4-H program?

Please return completed application to:
MSU Extension
Attn: 4-H Youth Development Educator
219 Paw Paw Street, Suite 201
Paw Paw MI 49079