



# St. Charles 4-H Scholarship Application Form



Name (First/Middle/Last): \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: (MM/DD/YYYY) \_\_\_\_\_ Years in 4-H: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Name and Address of High School: \_\_\_\_\_

Grade: \_\_\_\_\_ Class Rank: \_\_\_\_\_ Number in Class: \_\_\_\_\_ Cumulative GPA: \_\_\_\_\_

National Testing Score: ACT \_\_\_\_\_

Academia Honors received:

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

Name and address of college or school you plan to attend in the fall of this year:

\_\_\_\_\_

In what field or course of study do you plan to major or concentrate? \_\_\_\_\_

Why have you chosen this field of study?

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

I have prepared this application myself and certify that the information in it is accurate.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

(Club Member)

We reviewed this application and believe it to be correct.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

(Parish Extension Agent)

**Do not add any additional pages.  
Please print or type neatly.  
Only graduating seniors are eligible to apply.**





