

Cooper County 4-H Council Scholarship

Due April 1 of the current 4-H year

Name: _____

Address: _____

Age: _____ Date of Birth: _____ Telephone: _____

4-H Club: _____ Number of Years a 4-H Member: _____

If a high school graduate, name and address of high school:

Name of high school, college, or trade school you are planning to attend:

Year in school: _____

Name of Father: _____

Address: _____

Age: _____ Living: Yes _____ No _____ Occupation: _____

Name of Mother: _____

Address: _____

Age: _____ Living: Yes _____ No _____ Occupation: _____

Name of Guardian: _____ Occupation: _____

To complete application please provide the Cooper County Extension office with the following:
a current transcript from the school you currently attend and your written application and a
500-750 word essay, titled **"HOW 4-H HAS ENRICHED MY LIFE."**