



**2019 4-H Performing Arts or TLC Scholarship \$50
2019 4-H Camp Fee Assistance Scholarship \$25**

Name: _____ Phone #: _____

Parent's Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____

4-H Club: _____ County: _____

What overnight camp did you attend? _____ **Bob Marshall** _____ **Poinsett**
 _____ **Performing Arts** _____ **TLC**

What did you learn from Camp, TLC or Performing Arts? (*must be completed*) _____

To apply for the \$25 camp scholarship, you must tell at least one group of youth about Camp.

Name of one group that I told about Camp (Bob Marshall, or Poinsett):

_____ Signed by Leader of group: _____

To apply for the \$50 scholarship, you must tell at least two groups of youth about your experience.

Name of two groups that I told about Performing Arts or TLC:

_____ Signed by Leader of group: _____

_____ Signed by Leader of group: _____

I have completed my report and am submitting this application by December 31 of the current year to be eligible for the scholarship.

4-H Member Signature

Date

I agree to provide support to assure that the above named team member completes the minimum requirements to receive their scholarship.

 4-H Leader

 4-H Youth Advisor

All signatures required to be eligible. Form must be received or postmarked by December 31 to:

Paula Linke, Executive Secretary, SD 4-H Leaders Association
 39833 233rd St, Woonsocket SD 57385 * 605-796-4558 ** sd4hleaders@santel.net