



**Jackson County 4-H
Booster Club
Scholarship Application**

To be eligible for a Jackson County Adult Leaders' Association Scholarship, you must:

1. Be a resident of Jackson County.
2. Be an enrolled and a good standing member of a Jackson Co. 4-H club for the last 3 years.
3. Be a graduate of a Jackson County High School or home schooled in the county during the year of application.
4. Plan on attending an accredited college immediately after graduation.
5. Return this application to the Extension Office, completely filled out, by **April 1, 2021**, and
6. Along with the application, a completed 4-H Record Book, a sealed transcript, and a one-page story about their 4-H career and why they deserve this scholarship.

The Jackson County Adult Leaders Association Scholarship may be used for any course of study.



Name _____

Address _____ Street _____ City _____ State _____ Zip Code _____

Age(as of January 1st) _____ 4-H Club(s) _____

High School Attending _____ Grade _____

School(s) You are Interested in

Course of Study _____

Major Leadership Activities

Year

_____	_____
_____	_____
_____	_____

Major Community Service Activities

Year

_____	_____
_____	_____
_____	_____

The Most Important Thing You Learned in 4-H.

Signing this application serves as my notification to the Jackson County Extension Office of my intent to apply for the Jackson County Adult Leaders Association Scholarship. I understand that for my application to be complete, a 4-H Record Book, 1 page story, transcript and this application must be turned in by the respective deadlines. If all is not complete, I will forfeit my application entry for this scholarship.

_____Applicants Signature _____Date

I verify that the above applicant is in good standing with his/her club and has actively participated for the past 3 years.

_____Club Manager Signature _____Date

FOR EXTENSION OFFICE USE ONLY

I certify that the applicant is in good standing with Jackson County 4-H and meets the requirements for eligibility for this scholarship.

_____Extension Agent Signature _____Date