

**Bradford County 4-H
Events Partial Scholarship Application**

Activity for which you are applying: _____

Requested Amount: \$ _____

Child's Name: _____

Address: _____

Telephone #: _____ DOB: _____ Age: _____

Parent's Name: _____

Why does child want to attend this activity? _____

This application is confidential and the following space is provided for listing/explaining the special financial needs that should be considered when awarding this partial scholarship. For instance, number of children in family.

(4-H Parent/Legal Guardian's signature)

Office use only
Amount of scholarship granted: \$ _____

Type (if applicable): _____

Authorized by: _____