

St. Johns County 4-H Continuing Education Scholarships Cover Page

Name: _____ Age: (as of 9/1/2024) _____

Address: _____

City: _____ State: _____ Zip Code: _____

Youth Email: _____ Parent Email: _____

Parent/Guardian Name(s): _____

4-H Club: _____ # Years Enrolled in 4-H: _____

EDUCATION

Name of High School: _____

High School Graduation Date: _____ Grade Point Average (GPA): _____

ACT: _____ Test Date: _____ SAT: _____ Test Date: _____

Academic Honors Received: _____

Name of school you plan to attend in the fall of 2025:

What career do you plan to pursue?

CONDITIONS

Should you be awarded one of the scholarships, a letter confirming your acceptance and proof of attendance for continuing education will need to be submitted to the St. Johns County 4-H Office. Upon receiving this information, the 4-H Office will issue a check to the institution for ½ of the amount per semester until the promised amount has been paid in full. In the event the scholarship is not used within the year of limitation, the winner must present to the County 4-H Agent a request for a time extension. Failure to do so will result in the forfeiture of the scholarship. The St. Johns County Scholarship Committee has the right to modify the number of scholarships awarded as well as the monetary amount.

SIGNATURES

I agree to the scholarship conditions. I personally prepared this application, and it is a true record of my 4-H experiences.

Signature of 4-H Member:

_____ Date: _____

Signature of 4-H Parent/Guardian:

_____ Date: _____

Application information will be kept confidential and made available to the St. Johns County 4-H Program Staff and 4-H Scholarship Committee.



An Equal Opportunity Institution.