Shawnee County Extension Foundation
-
4-H Key Award Scholarship For Graduating Seniors

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Shawnee County Extension Foundation

4-H Key Award Scholarship For Graduating Seniors

NAME: _____

CLUB: _____NUMBER OF YEARS IN 4-H: _____

HOME ADDRESS:_____

Street, Box or Route City/State/Zip

PHONE including area code: _____ EMAIL _____

Year the 4-H Key Award was received _____

****

Eligibility Certification (to be completed by the Shawnee County 4-H Agent)

☐ I certify the applicant meets the eligibility requirements as stated in the application.

_____ _____

Signature of Shawnee County 4-H Agent Date

****

NAME AND LOCATION OF EDUCATIONAL INSTITUTION 4-Her WILL ATTEND:

_____

Full mailing address for the institution's financial office: (where the scholarship check can be sent)

_____

Shawnee County Extension Foundation

4-H Key Award Scholarship For Graduating Seniors

Street Address _____

City_____State_____Zip_____

Signature of Applicant: _____ Date: _____