



2018 4-H Ambassador Scholarship \$50

Name: _____ Phone #: _____

Parent's Name: _____

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

Email Address: _____

4-H Club: _____ County: _____

What is your Program Priority Area?

_____ **Agvocacy** _____ **Health & Wellness** _____ **Leadership** _____ **Science**

What is one of your goals for your year as 4-H Ambassador? *(must be completed)* _____

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

Name of two groups (like your 4-H Club) that I have told about the 4-H Ambassador Program:

_____ 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 verify that this 4-H member is currently serving as a 4-H Ambassador.

4-H Leader or 4-H Ambassador 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