2017 4-H Performing Arts or TLC Scholarship $50
2017 4-H Camp Fee Assistance Scholarship $25

Name: _____Phone #: _____

Parent's Name: _____

Address:_____ City: _____State: _____ Zip: _____

Email Address: _____

4-H Club: _____ County: _____

What overnight camp did you attend? **_____ Bob Marshall _____ Poinsett**
_____ Performing Arts _____ TLC

What did you learn from Camp, TLC or Performing Arts? *(must be completed)*_____

_____

_____

To apply for the $25 camp scholarship, you must tell at least one group of youth about Camp.
Name of one group that I told about Camp (Bob Marshall, or Poinsett):

_____Signed by Leader of group: _____

To apply for the $50 scholarship, you must tell at least two groups of youth about your experience.
Name of two groups that I told about Performing Arts or TLC:

_____ 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 agree to provide support to assure that the above named team member completes the minimum requirements to receive their scholarship.

_____ _____
4-H Leader 4-H Youth Advisor

All signatures required to be eligible. <u>Form must be received or postmarked by December 31 to</u>:

Paula Linke, Executive Secretary, SD 4-H Leaders Association
39833 233rd St, Woonsocket SD 57385 * 605-796-4558 ** sd4hleaders@santel.net