



DICKINSON COUNTY 4-H SCHOLARSHIP APPLICATION

Email photo to
chisholmtrail@listserv.ksu.edu

Scholarships for which you are applying by completing this application:

- ✓ Merle and Darlene Brehm Memorial Scholarship (Preference to Jolly Jayhawkers 4-H member or reside in the Woodbine area)
- ✓ Jack Sexton Memorial Scholarship
- ✓ Orren and Marjorie Hottman Scholarship
- ✓ Loyd and Leola Black Memorial Scholarship
- ✓ Willowdale 4-H Club Dorothy Fager Taylor Scholarship (Awarded to Willowdale 4-H member only)
- ✓ Frank and Agnes Garten Memorial Scholarship (Preference to Frank and Agnes Garten descendant or previous Sand Springs 4-H club member)
- ✓ Holland Sunflowers 4-H Club Nadine Abeldt Memorial Scholarship (Preference to Holland Sunflowers 4-H member)
- ✓ Nadine Abeldt Memorial Scholarship
- ✓ Dickinson County 4-H Foundation Scholarship (5)

Requirements:

- (1) Graduating High School Senior.
- (2) Current Dickinson County 4-H Member for at least three years.
- (3) Scholarship to be used for any full-time post-secondary educational program (college, university, vocational/technical program).
- (4) Other selection criteria are specified for individual scholarships.

Please Type or Print Neatly

NAME OF 4-Her _____

Address _____

Phone Number _____ E-mail _____

4-H Club _____ Number of Years in 4-H _____

Frank Garten Descendent ____yes ____no

Former Sand Springs 4-H Club Member ____yes ____no

Return by **April 1** to: K-State Research & Extension – Chisholm Trail District, Dickinson County
712 South Buckeye Avenue, Abilene, KS 67410

COMPLETED APPLICATION MUST INCLUDE THE FOLLOWING:

- (1) *Application form*
- (2) *Resume listing:*
 - A) *4-H Activities and Accomplishments*
 - B) *High School Activities and Accomplishments*
 - C) *Community Activities and Accomplishments*
 - D) *Financial need as well as your educational and career goals*
- (3) *High School Transcript*
- (4) *One Recommendation Form completed by 4-H leader, teacher, minister, employer - do not use relatives. Recommendation letters will not be considered, all recommendations must be returned on the recommendation form attached to this application.*

Parent/Guardian Name _____ Occupation _____

Parent/Guardian Name _____ Occupation _____

Number of dependent children in household _____

Current Grade Point Average: _____ points on a 4.0 scale

Number in high school senior class _____ rank in class _____

Name of post-secondary educational program you plan to attend:

Degree you plan to pursue:

RECOMMENDATION FOR DICKINSON COUNTY 4-H SCHOLARSHIPS

(Return **by April 1** to K-State Extension – Chisholm Trail District, 712 South Buckeye, Abilene KS 67410 -3210)

NAME OF 4-Her _____

Please rate the 4-Her on each of the following characteristics by circling the number you feel is appropriate in each category. (Remember to compare the student to other students.)

MOTIVATION

1 2 3 4 5 6 7 8 9
Low High

CITIZENSHIP

1 2 3 4 5 6 7 8 9
Uncooperative Cooperative, Positive, Follows Rules

INITIATIVE

1 2 3 4 5 6 7 8 9
Needs Prodding Does More than Assigned

CONCERN FOR OTHERS

1 2 3 4 5 6 7 8 9
Little Very Concerned

LEADERSHIP

1 2 3 4 5 6 7 8 9
Follower Exceptional Leader

RESPONSIBILITY

1 2 3 4 5 6 7 8 9
Not very responsible Highly Responsible

SOCIAL MATURITY

1 2 3 4 5 6 7 8 9
Immature Outstanding

PERSONAL APPEARANCE

1 2 3 4 5 6 7 8 9
Not Concerned Always Concerned

FINANCIAL NEED

1 2 3 4 5 6 7 8 9
No Help Needed Total Help Needed

ESTIMATE OF FUTURE SUCCESS

1 2 3 4 5 6 7 8 9
Low High

Additional Remarks: (may use reverse side)

Capacity in which you are associated with this person:

Signature _____

Position _____ Address _____

Date _____