Flathead County 4-H Scholarship Form

| Name: | Age: | Years in 4-H: | THEAD Y |
|--|-------------------|-------------------------------|---------|
| Address: | | | |
| Phone:Club: | | | |
| 4-H Projects: | | | ONDATIO |
| Name and Date of Clinic/Seminar/Eve | nt: | | |
| Cost of Clinic/Seminar/Event: | | | |
| Estimated Travel Expenses: | | | |
| Please answer the following questions How would this clinic/seminar/event I | | rojects? | |
| How will you utilize this information to | o help your proje | ects or club? | |
| What are two goals you would like to 1. | attain by attend | ing this clinic/seminar/event | ? |
| 2. | | | |
| It is appreciated that if you are gifted giving back to the 4-H community in v | ="" | - | |

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Please return for or direct questions to the Extension Office.

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