THE BARNSTABLE COUNTY
4-H ADVISORY COUNCIL

OFFERS SCHOLARSHIPS TO
BARNSTABLE COUNTY 4-H MEMBERS, OR FORMER 4-H MEMBERS, FOR
USE TOWARD EDUCATION BEYOND HIGH SCHOOL

Number of scholarships available and amounts vary each year.

APPLICATION REQUIREMENTS

1. A completed 4-H Scholarship Application Form.
   Access Barnstable County 4-H scholarship information via www.Capecod.gov
   Or use Q Code below

   ![QR Code]

2. A one-page Scholarship Request Letter stating reason(s) for scholarship application.

3. Copy of most recent 4-H record portfolio and/or a summary of your 4-H experience. Link to: 4-H Summary Record form for use to provide a summary of your 4-H activities if you prefer, not required. Use only pages 2-5 of the appropriate record packet. If unable to access with above link these packets can be found using navigation through the UMass 4-H home page. https://ag.umass.edu/mass4h/programs/record-keeping

4. Official copy High School transcript or if the applicant is a repeat applicant, we require an official copy of a current invoice from the school’s Bursar’s Office or equivalent billing documentation if education provider does not have a Bursar’s Office

The Barnstable County 4-H Scholarship Application and supporting materials must be received in the 4-H Office by April 14, 2023. There will be no exceptions.

Provide required documentation via email to sandi.shepherdgay@capecod.gov
Or Mail required information to:

4-H Scholarship Advisory Council
Barnstable County 4-H Program
C/O Sandi Shepherd-Gay, Extension Youth Educator
PO Box 367
Barnstable, MA 02630
BARNSTABLE COUNTY 4-H ADVISORY COUNCIL

Scholarship Application

Fill out this form completely and accurately and return it to
4-H Scholarship Advisory Council
Barnstable County 4-H Program
C/O Sandi Shepherd-Gay, Extension Youth Educator
PO Box 367
Barnstable, MA 02630

Deadline is April 14, 2023

Name: ____________________________
Applicant’s Full Name

Address: __________________________
Mailing Address: __________________
Town: ___________ State: ____ Zip Code: _____

Phone: ______________ Email: __________________________

Date of birth: _____________ 4-H Member? □ Yes □ No

Years in 4-H? _____________ Name(s) of 4-H Leader(s): __________________________

List ALL post-secondary institutions you have received acceptance: __________________________

________________________________________________

Name of post-secondary institution you plan to attend: __________________________

Post-secondary Institution Address: __________________________

Street Address: __________________ Town: ___________ State: ____ Zip: _____

Planned field of study: __________________________

List all school and community activities and year of participation: (such as school clubs, publications, music/arts activities, athletics, scouting, church group, etc.): Attach document if additional space required or using the 4-H record summary sheet.

________________________________________________

________________________________________________

________________________________________________

________________________________________________

________________________________________________
PERSONAL RECORD

Name of Guardian:

______________________________________________________________

Address:

<table>
<thead>
<tr>
<th>Mailing/Street Address</th>
<th>Town</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
</table>

Name of Guardian (if available):

______________________________________________________________

Address:

<table>
<thead>
<tr>
<th>Mailing/Street Address</th>
<th>Town</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
</table>

WORK EXPERIENCE

List work experiences that you’ve had:

______________________________________________________________

______________________________________________________________

______________________________________________________________

COMMUNITY SERVICE

List community service experiences that you have been involved with:

______________________________________________________________

______________________________________________________________

______________________________________________________________

Signed: ___________________________ Date: ___________________________

Applicant’s Signature