

PATRICIA J. WOOD - BARRY DILKS 4-H MEMORIAL SCHOLARSHIP APPLICATION

PURPOSE: *To assist 4-H members, or former 4-H members, who are qualified high school graduates within Atlantic County to seek higher education beyond the secondary level, and to provide financial assistance to such students with scholarship grants. These scholarships are given in memory of outstanding 4-H members, Patricia J. Wood and Barry Dilks.*

ELIGIBILITY OF APPLICANT: To be eligible for a scholarship, one must:

1. be a present or former member of the Atlantic County 4-H Program, who has completed at least three years of 4-H club work.
2. applied and/or accepted to a college or institution of higher learning.
3. have positive need for financial assistance.
4. complete this application form and include a photo.
5. not have previously received a scholarship from the 4-H Foundation.

APPLICANT

NAME IN FULL _____

ADDRESS _____

CITY _____ ZIP _____

TELEPHONE _____ EMAIL _____

BIRTHDATE _____ AGE _____ SEX _____

GRADUATING HIGH SCHOOL _____

COLLEGE/INSTITUTE INFORMATION

COLLEGE YOU ARE APPLYING/BEEN ACCEPTED _____

COLLEGE MAJOR/COURSE OF STUDY _____

I WILL: LIVE AT SCHOOL _____ COMMUTE _____

YEARLY TUITION COST _____ YEARLY ROOM & BOARD COST _____
(please fill in approximate costs if actual amounts are unknown at this time)

LEADERSHIP ACTIVITY: LIST JUNIOR AND OTHER LEADERSHIP RESPONSIBILITIES YOU HAVE ACCEPTED IN YOUR CLUB AND COUNTY PROGRAMS, INCLUDING OFFICES HELD, COUNCIL CHAIRMANSHIP, ETC. (LIST MOST RECENT AWARDS FIRST, THEN WORK BACK THROUGH YEARS)

| YEAR | POSITION/TITLE/RESPONSIBILITY |
|------|-------------------------------|
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LIST REGIONAL AND NATIONAL RECOGNITION AWARDS, TRIPS, ETC. (CWF, CONGRESS, ROUND UP, CONFERENCE, ETC.) (LIST MOST RECENT AWARDS FIRST, THEN WORK BACK THROUGH YEARS)

| YEAR | RECOGNITION TRIP/AWARD/ETC. |
|------|-----------------------------|
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OTHER 4-H ACTIVITIES: SUMMARIZE HERE ANY 4-H TALKS, TV AND RADIO PRESENTATIONS; ALSO LIST OTHER 4-H EXPERIENCES SUCH AS CAMP COUNSELOR, TRIPS, COMMITTEES, CITIZENSHIP PROJECTS, ETC.

| ACTIVITY | THIS YEAR | OTHER YEARS | WHAT DID YOU ACCOMPLISH? |
|----------|-----------|-------------|--------------------------|
| | | | |
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| | | | |
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APPLICANT'S FAMILY

FATHER'S NAME _____ **LIVING?** _____

FIRST MIDDLE LAST

AGE _____ BUSINESS & POSITION HELD _____

EMPLOYER _____

(NAME AND ADDRESS -- IF SELF-EMPLOYED, GIVE TRADE NAME)

MOTHER'S NAME _____ LIVING? _____
FIRST MIDDLE LAST

AGE _____ BUSINESS & POSITION HELD _____

EMPLOYER _____
(NAME AND ADDRESS -- IF SELF-EMPLOYED, GIVE TRADE NAME)

GUARDIAN'S NAME (IF OTHER THAN ABOVE) _____

YEARLY FAMILY INCOME (CHECK ONE):

\$20,000 OR BELOW _____ \$20,000-\$40,000 _____ \$40,000-\$50,000 _____

\$50,000-\$60,000 _____ \$60,000-\$70,000 _____ \$70,000-ABOVE _____

DO YOU (APPLICANT) CONTRIBUTE TO THE SUPPORT OF THE FAMILY? IF YES,
EXPLAIN. _____

| NAMES OF BROTHERS AND SISTERS | AGE | OCCUPATION OR GRADE IN SCHOOL | MARRIED OR SINGLE |
|-------------------------------|-----|-------------------------------|-------------------|
|-------------------------------|-----|-------------------------------|-------------------|

| | | | |
|-------|--|--|--|
| _____ | | | |
| _____ | | | |
| _____ | | | |
| _____ | | | |

OTHER DEPENDENTS AND RELATIONSHIP _____

LIST OTHER SCHOLARSHIPS OR GRANTS RECEIVED BY SOURCE, THE AMOUNT OF EACH, AND THE TIME PERIOD DURING WHICH THEY WILL BE DISBURSED.

I DECLARE THAT I HAVE READ THIS APPLICATION AS COMPLETED AND, TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE ANSWERS GIVEN ARE COMPLETE AND CORRECT. I APPROVE THIS APPLICATION FOR A SCHOLARSHIP. I HAVE ENCLOSED A RECENT BLACK AND WHITE OR COLOR PHOTO OF MYSELF FOR PUBLICITY PURPOSES.

SIGNATURE OF APPLICANT

DATE

SIGNATURE OF PARENT

DATE

ENDORSEMENT BY SCHOOL AUTHORITY - TO BE FILLED OUT BY SCHOOL PRINCIPAL OR GUIDANCE COUNSELOR.

IS APPLICANT LIKELY TO SUCCEED IN THE HIGHER EDUCATION FIELD OF HIS/HER CHOICE? PLEASE EXPLAIN. _____

DOES APPLICANT HAVE YOUR UNQUALIFIED ENDORSEMENT? _____

APPLICANT RANKS _____ FROM TOP IN GRADUATING CLASS OF _____

STUDENTS REMARKS: _____

Signature _____

Official Capacity _____

High School _____

PLEASE RETURN APPLICATION AND PHOTO BY APRIL 30 TO:

Wood-Dilks 4-H Scholarship Fund
c/o 4-H Office
6260 Old Harding Highway
Mays Landing, NJ 08330