**2020 WI 4-H Educational Programs Scholarship Form**

\*Please only submit this form for programs occurring in the 2020 calendar year.\*

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Years in 4-H: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: (\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_

WI 4-H Educational Experiences You Have Previously Participated In: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*The WI 4-H Educational Programs Scholarship, funded by the WI 4-H Foundation, is designed to provide financial support for youth interested in participating in a WI 4-H Educational Experience. It is a need-based scholarship and is intended to support first time participants and youth who may not otherwise be able to partake due to financial need. There are limited funds available; funds are intended to help youth and families who require financial assistance in order to participate. All scholarships are confidential and will be determined based on need and funding available.*

Please check which program you wish to apply for funding for:

* American Spirit
* Citizenship Washington Focus
* National 4-H Conference
* National 4-H Congress
* Space Camp
* Wisconsin 4-H & Youth Conference
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cost of Activity or Program: \_\_\_\_\_\_\_\_\_\_\_

Are you receiving any other funds for this experience? \_\_\_Yes \_\_\_No Amount Receiving: \_\_\_\_\_\_\_\_

\*\*Amount Requesting: \_\_\_\_\_\_\_\_\_\_\_

Please describe your reasons for needing/requesting funds:

Please email this form to justin.lieck@wisc.edu or mail to 130 Pyle Center, 702 Langdon St, Madison, WI 53706.