

Snohomish County 4-H Horse Program

## Scholarship Application Please type or print clearly

PERSONAL INFORMATION				
Name:				
Mailing Address:				
Street		City	Zip Code	
Email address:		#Years in Sno. C	Co. 4-H Horse Program	
POST SECONDARY EDUCATION PLAN				
Name of institution you plan	to attend:			
Have you applied to this institution? Y N If yes, give date of application:				
Have you been accepted to this institution: Y N If yes, give date:				
Student Identification Number:				
STATEMENT AND SIGNATURE OF 4-H APPLICANT				
I have prepared the <b>Snohomish County 4-H Horse Program Scholarship Application</b> and believe it to be accurate and true.				
Signature of Applicant:			Date:	
	ENDORSEMENT	OF APPLICATION		
I have reviewed this application and believe it to be accurate and true.				
			Date:	
Signature of Parent/	Guardian			
Name of Parent/Guardian			Phone	
		Phone	Date:	
Signature Club or Pr	oject Leader			
Name of Club or Project Leader			Phone	

All signatures **must** be present for application to be considered. Electronic signatures are accepted as a written signature