



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

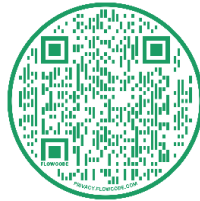
Number of scholarships available and amounts vary each year.

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



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 March 18, 2024.** 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 March 18, 2024

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:

_____ Mailing/Street Address

_____ Town

_____ State

_____ Zip Code

Name of Guardian (if available):

Address:

_____ Mailing/Street Address

_____ Town

_____ State

_____ Zip Code

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
