



Macomb County Adult 4-H Volunteer Training/Workshop Scholarship

Please return completed scholarship applications by email to Macomb.4h@macombgov.org at least two weeks before your event registration deadline. Questions? Call 586-469-6431.

Name: _____

Address: _____ City: _____ State: ___ Zip: _____

Phone: _____ Email: _____

Name of 4-H training/workshop for which you are requesting a scholarship: _____

Event registration deadline: _____ Cost of event (\$): _____

Name of Organization (if not MSUE): _____

Address (if not MSUE): _____ City: _____ State: ___ Zip: _____

How will you use the information from the training/workshop you attend?

Include a short paragraph describing why you wish to attend this event.

4-H Volunteer Signature: _____ Date: _____

Name of 4-H Club: _____

OFFICE USE ONLY

Date application received: _____ Approved? ___ Yes ___ No (If no, list reason in notes section)

Scholarship award type(s) and amount(s): _____

MSU Extension staff signature: _____ Date: _____

Notes: _____
