

**TWIN FALLS COUNTY 4-H LEADERS COUNCIL**  
***ADULT ACTIVITY SCHOLARSHIP***  
**CHECK LIST**

Complete the two-page scholarship application. Applications must be submitted before the activity you wish to attend takes place. Scholarships will not be awarded retroactively.

Submit your application by the 3rd Tuesday of the month.

Bring your application to the TF County Extension office (630 Addison Avenue West Ste 1600, Twin Falls) or

Email it to Jamie Thorne [jthorne@uidaho.edu](mailto:jthorne@uidaho.edu)

Attend the Leaders Council meeting (3rd Thursday of the month, 7:00 p.m., County Extension Office) to request your scholarship. Be prepared to explain the activity and your reasons for wanting to attend.

If you receive a scholarship, you will be required to return to Leaders Council and report on your event. Plan to share specific details about what you gained from the activity.

Complete and mail a thank you card.

Leaders Council

PO Box 5763

Twin Falls ID 83303

Please note that only a percentage of the total cost of an event will be awarded; Council scholarships are given as just one part of the fundraising effort expected for an activity and very rarely cover the entire cost.

**TWIN FALLS COUNTY 4-H LEADERS COUNCIL**  
**ADULT ACTIVITY SCHOLARSHIP**

*\*You must be present at the Leaders Council Meeting\**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ St. \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Numbers: Home \_\_\_\_\_ Cell \_\_\_\_\_

4-H Club Name: \_\_\_\_\_ Years in 4-H: \_\_\_\_\_

List 4-H activities and number of years participated (Please indicate if using a separate piece of paper to answer):

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Event Attending: \_\_\_\_\_

Date of Event: \_\_\_\_\_ Cost of Event: \_\_\_\_\_

Amount Requesting: \_\_\_\_\_ Have you attended Event before: Yes/No When: \_\_\_\_\_

What other expenses will you have: \_\_\_\_\_

Other scholarships and/or amounts you are requesting: \_\_\_\_\_

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\*\*\*\*\*Application continues onto backside of paper.\*\*\*\*\*  
*Please use a separate piece of paper to answer.*

1) Explain why you would like to go, what you hope to gain from this experience.

2) Following this activity, how will you share or implement the ideas and information gained by your attendance of this activity?

***The applicant is asked that they come to the Leaders Council meeting following the Event and report back to the Leaders Council on the Event participated in.***

The undersigned verifies that the application has been prepared by the applicant.

Signature of applicant \_\_\_\_\_ Date: \_\_\_\_\_

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**Office Use Only**

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Date Due: \_\_\_\_\_ Date Received: \_\_\_\_\_

Approved: Yes/No Reviewed By: \_\_\_\_\_

Amount Approved: \_\_\_\_\_ Check #: \_\_\_\_\_ Line Item \_\_\_\_\_