



# 4-H Capital Days Scholarship Application

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

County: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email: \_\_\_\_\_

4-H member signature \_\_\_\_\_

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

Parents Signature: \_\_\_\_\_

4-H Educator name: \_\_\_\_\_

Is this your first time attending 4-H Capital Days? Yes/No

What do you aim to learn or achieve through this experience?

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What will you bring back to your county 4-H program to share from this experience?

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