MAKE-A-WISH SCHOLARSHIP APPLICATION

The purpose of the Make-A-Wish is to financially help 4-H clientele with learning experiences and activities.

Requirements for the scholarships are:

1. The Make-A-Wish applicants must be a Clare County 4-H volunteer, parent, or member.
2. Grants must be used for education or 4-H activities.
3. Participants not attending will reimburse the 4-H Council any monetary loss incurred.
4. Forms may be brought to the 4-H Council meetings or mailed or handed in at the MSU Extension office.
5. Make-A-Wish must be used for registration, tuition, or entry fees.

Applications will be reviewed at regular meeting of the 4-H Council. Meetings are held the fourth Wednesday of the month.

The 4-H Council considers each application carefully, but reserves the right to reject, limit, or divide money between applicants. Scholarships will reimburse up to 50% cost for up to four 4-H educational events per 4-H program year per applicant.

For additional information, call the MSU Extension Office at 539-7805.

Make-A-Wish

Name (if applicable): __________________________________________ Date: _________________
Club Name (if applicable): ____________________________________________________________
Make-A-Wish Fund $__________       No. Of People: ________   Cost of Event: __________
How is money to be used: _____________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
Subject to be learned: ________________________________________________________________
__________________________________________________________________________________
I am currently a:         4-H Member___     Club Leader___  Volunteer___              Parent___
If a member, list 4-H projects:

Past: ______________________________________________________________________________
__________________________________________________________________________________

Present: ___________________________________________________________________________
__________________________________________________________________________________

List 4-H activities you have been involved in: _____________________________________________
__________________________________________________________________________________

List how this activity would benefit Clare County 4-H: _________________________________
__________________________________________________________________________________

Applicant Signature: ___________________________ Date: _______________________

Leader Signature: _____________________________ Date: _______________________

Make check payable to: _______________________________________________________________

Send to (address):   _________________________________________________

_________________________________________________

THANK YOU!

PLEASE SEND THIS COMPLETED APPLICATION TO:

MSU EXTENSION-CLARE COUNTY
225 W MAIN ST
PO BOX 439, COUNTY BUILDING
HARRISON MI 48625-0439