



Macomb County 4-H Volunteer Training/Workshop
Scholarship/Reimbursement Application

Name: _____

Address: _____ City: _____ Zip: _____

Phone: _____

Email: _____

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

Registration deadline for event: _____

Cost of event (\$) : _____

Amount of scholarship requested (Max \$50) (\$) : _____

Name of Organization (if not MSUE): _____

Address (if not MSUE): _____

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: _____

Name of 4-H Club: _____

Club leader signature: _____

MSU Extension staff signature: _____

Award recipients may be required to use the training to help their 4-H club with a project area or a county wide workshop.

Those who are awarded the scholarship, but do not attend the event will not be reimbursed.

PLEASE RETURN AT LEAST 2 WEEKS BEFORE YOUR EVENT REGISTRATION DEADLINE

Return by mail:

21885 Dunham Rd

Clinton Twp, MI 48036

Return by email:

Macomb.4h@macombgov.org

For questions: Call (586) 469-6431



"MSU is an affirmative-action, equal opportunity employer. Michigan State University Extension programs and materials are open to all without regard to race, color, national origin, gender, gender identity, religion, age, height, weight, disability, political beliefs, sexual orientation, marital status, family status or veteran status."