



Macomb County 4-H Youth 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 Youth Signature: \_\_\_\_\_

4-H Parent/Guardian Signature: \_\_\_\_\_

Name of 4-H Club: \_\_\_\_\_

Club leader signature: \_\_\_\_\_

MSU Extension staff signature: \_\_\_\_\_

**Award recipients are required to write an article for our Monthly newsletter publications and a Facebook post describing what they learned to the 4-H community. Recipients may also be asked to present about the experience at a county wide function.**

**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](mailto:Macomb.4h@macombgov.org)

For questions:

Call (586) 469-6431



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