

PECOS COUNTY 4-H PARENTS & ADULT LEADERS ASSOCIATION

SCHOLARSHIP APPLICATION

Application must be submitted to the Pecos County Extension office
no later than March 1.

Applicant's name: _____

Home address: _____

Telephone number: _____

Date of birth: _____

Social Security number: _____

Name of father or guardian: _____

Occupation: _____

Name of mother or guardian: _____

Occupation: _____

Number and age of siblings: _____

Number of siblings attending college: _____

Name of high school attended: _____

Address: _____

Honors and activities: _____

Applicant's school or college of choice:

1st choice: _____

City: _____

2nd choice: _____

City: _____

Status of college application (Date filed): _____

Have you been admitted? _____

Field in which you plan to study: _____

Reasons for selecting this field:

Record of 4-H Work:

Number of years enrolled: _____ Type of Projects:

Offices held: _____

Recognition/Honors received: _____

Explain how 4-H has been beneficial to you: _____

Record of non 4-H activities(FFA,etc...): _____

Summarize your other interests and activities (music, work, hobbies, etc...)

What is your job or career goal? _____

Community service activities: _____

Work experience:

