

Texas Extension Education Association (TEEA) 4-H Scholarship Application

Name:

First

Middle

Last

Address:

City/State/Zip:

City

State

Zip

Phone Number:

Email Address:

4-H County:

District:

Date of Birth:

Age:

Name of High School Graduating from:

College/University/School Attending:

Major/Course of Study Chosen:

Your Preferred Career Choice:

Name of Primary 4-H Club You Are a Member of:

Number of Years in 4-H:

Total Number of 4-H Members in Your 4-H Club:

I certify that the information contained herein is correct and truthfully reflects my personal, 4-H, and academic background and records and that I am a U.S. Citizen. I agree that if any information contained herein is found to be falsified in any way, my application will automatically become null and void.

I hereby authorize any person, firm, or entity to release to the Texas Extension Education Association, or their authorized representatives, information concerning the subject matter of the statements I have made in this application, including, but not limited to, information concerning my academic record, activities, honors and awards, citizenship or residency, and financial situation. A copy of this authorization is agreed by the undersigned to have the same effect and force as an original. Any person, firm, or entity releasing matters pursuant to this authorization is hereby absolved from any liability.

Signature of Applicant

Date

Signature of Parent/Guardian

Date

Signature of County Extension Agent

Date

9/16