

# ST. JOSEPH COUNTY 4-H SCHOLARSHIP 2023

1. **COMPLETED APPLICATION WITH ESSAY PAGE & COMPLETED MY 4-H RECORD OF ACHIEVEMENT DUE BY MAY 15<sup>TH</sup> OF APPLICANT'S 10<sup>TH</sup> YEAR IN 4-H.** IN ORDER TO QUALIFY AS A RECIPIENT OF A SCHOLARSHIP UNDER THIS TRUST, THE 4-H MEMBER MUST HAVE COMPLETED TEN (10) YEARS AS AN ELIGIBLE MEMBER OF ST. JOSEPH COUNTY 4-H, AND WHO HAS NOT YET REACHED THE AGE OF TWENTY (20) YEARS OF AGE IN THE CALENDAR YEAR OF APPLICATION.

## **LATE SCHOLARSHIP APPLICATIONS WILL NOT BE ACCEPTED AFTER MAY 15<sup>TH</sup>. (NO EXCEPTIONS)**

**RETURN COMPLETED APPLICATION TO: DAVID VANDEWALLE  
63777 S. IRONWOOD ROAD  
SOUTH BEND, IN 46614**

2. 4-H'ER MUST CURRENTLY BE PARTICIPATING IN 4-H.
3. APPLICANT MUST BE PLANNING SOME POST HIGH SCHOOL STUDIES OR TRAINING (I.E., COLLEGE, TRADE SCHOOL, SHORT COURSES). DOES NOT HAVE TO BE IN INDIANA. THIS SCHOLARSHIP IS A ONE-TIME AWARD (NON-RENEWABLE).
4. ALL RECORDS WILL BE VERIFIED FOR PROOF OF 4-H ENROLLMENT AND PARTICIPATION IN THE ST. JOSEPH COUNTY 4-H PROGRAM BY REVIEWING YOUR SUBMITTED "**MY RECORD OF 4-H ACHIEVEMENT**" THAT IS INCLUDED WITH YOUR APPLICATION. **BE SURE TO LIST YOUR 10<sup>TH</sup> YEAR PROJECT ON YOUR ACHIEVEMENT FORM.**
5. IF 4-H'ER HAS COMPLETED NO MORE THAN 2 YEARS IN ANOTHER STATE OR COUNTY, THE DECISION UPON RECEIVING SCHOLARSHIP WILL BE FINALIZED BY THE SCHOLARSHIP COMMITTEE. IF YOU **DID NOT** COMPLETE ALL 10 YEARS IN ST. JOSEPH COUNTY YOU **MUST** ATTACH AN OFFICIAL RECORD OF PROJECTS AND PLACING AS PROOF OF YOUR 4-H COMPLETION ELSEWHERE. SCHOLARSHIP IS SUBJECT TO COMPLETION OF 4-H AND FURTHER CAREER STUDY.

**IF YOU HAVE ANY QUESTIONS REGARDING RECEIVING YOUR SCHOLARSHIP,  
PLEASE CALL DAVID VANDEWALLE AT 574-291-2928.**

**NOTE: YOUR APPLICATION WILL NOT BE RETURNED, SO MAKE A COPY BEFORE MAILING.**  
(CONTINUED ON BACK SIDE)

6. SCHOLARSHIP TRUST REQUIREMENTS ARE AS FOLLOWS:

A. SCHOLARSHIP TRUST REQUIRES ALL SCHOLARSHIP APPLICANTS TO SHOW PROOF OF ENROLLMENT IN CHOSEN SCHOOL (I.E. LETTER, FEE RECEIPT, OR CLASS SCHEDULE) **BY SEPTEMBER 1, 2023**, BEFORE ANY MONIES ARE RELEASED. INFORMATION WILL NEED TO BE **SENT TO DAVID VANDEWALLE** BY SEPTEMBER 1, 2023. SEPTEMBER 1 WILL BE THE LAST DATE FOR REQUESTING PAYMENT. YOU WILL THEN RECEIVE YOUR MONEY AT THE END OF DECEMBER.

B. STUDENT ID# FROM COLLEGE, UNIVERSITY, OR TRADE SCHOOL MUST ALSO BE INCLUDED WITH YOUR PROOF OF ENROLLMENT AND **SENT TO DAVID VANDEWALLE** BY SEPTEMBER 1, 2023!

7. **THERE WILL BE A 4-H 10-YEAR RECOGNITION PROGRAM AND DINNER ON FRIDAY, JUNE 9, 2023.** ATTENDANCE IS MANDATORY AND NEEDS TO BE ATTENDED BY THE 4-H'ER AND/OR A FAMILY MEMBER IN ORDER TO QUALIFY FOR THE SCHOLARSHIP.

**IF YOU HAVE ANY QUESTIONS REGARDING RECEIVING YOUR SCHOLARSHIP,  
PLEASE CALL DAVID VANDEWALLE AT 574-291-2928.**

**NOTE: YOUR APPLICATION WILL NOT** BE RETURNED, SO MAKE A COPY BEFORE MAILING.

Type or Print this form in black  
**ST. JOSEPH COUNTY 4-H SCHOLARSHIP APPLICATION FORM**  
**2023**

Name: \_\_\_\_\_ Male/Female (Circle One)  
                     First                    Middle                    Last

Home Address: \_\_\_\_\_  
                                     Street Address                                    City                                    State                                    Zip Code

Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Social Security Number: *last 4 of your SSN* \_\_\_\_\_

County of Residence: \_\_\_\_\_ Number of Years in 4-H: \_\_\_\_\_  
*Do not include your years in CloverBuds or Mini 4-H*

Student ID Number of College/Trade School/Studies \_\_\_\_\_

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

Date and Year of Birth: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Current e-mail address: \_\_\_\_\_  
                                     Mo.          Day          Year

**PARENTS/LEGAL GUARDIANS:**

Father's Name & Address: \_\_\_\_\_

Mother's Name & Address: \_\_\_\_\_

Parent/Guardian Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Name and address of High School Attended:  
 \_\_\_\_\_

High School Graduation:                      Month: \_\_\_\_\_                      Year: \_\_\_\_\_

Name and Complete Address of School/Training Facility you plan to attend after High School graduation:  
 \_\_\_\_\_  
 \_\_\_\_\_

**STATEMENT BY 4-H MEMBER**

I personally have prepared this report and certify that it accurately reflects my work:

Date: \_\_\_\_\_ 20\_\_                      Signature of Member: \_\_\_\_\_  
   Print your name: \_\_\_\_\_

**APPROVAL OF THIS REPORT**

We have reviewed this report and believe it to be correct: Must have Signatures of:

Date: \_\_\_\_\_ 20\_\_                      Signature of Parent/Guardian: \_\_\_\_\_  
   Signature of Local 4-H Leader: \_\_\_\_\_

ESSAY PAGE (Required)

This application will not be returned.

1. What career or course of study do you plan to pursue?

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2. Why did you choose this career? (If more room is needed, please use an additional sheet of paper)

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3. In what way did 4-H influence your career choice?

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4. How will you use your 4-H experiences in the future?

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5. Complete and attach your 1 page copy of "My Record of 4-H Achievement (this form can be downloaded from [www.extension.purdue.edu/stjoseph](http://www.extension.purdue.edu/stjoseph)). List ONE completed project you took each 4-H year on ONE page of "My Record of 4-H Achievement". Be sure to list your 10<sup>th</sup> year project on your achievement form. NOTE: Please DO NOT list all of your completed projects.

6. List your volunteer experiences:

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Please add these dates to your calendar:

**May 15, 2023** – Application deadline – **No Exceptions!**

**June 9, 2023** – 4-H 10-Year Recognition Program and Dinner – **Must attend!**

**September 1, 2023** – **Proof of enrollment** and **Student ID#** in college **Due to David Vandewalle**

David Vandewalle  
63777 S. Ironwood Road  
South Bend, IN 46614

**My Record of 4-H Achievement**  
(To be kept in your Record Book)

4-H 620-W

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
\_\_\_\_\_ Month \_\_\_\_\_ Day  
\_\_\_\_\_ Year

Address \_\_\_\_\_ Telephone \_\_\_\_\_  
\_\_\_\_\_ Town \_\_\_\_\_ zip

Club \_\_\_\_\_ Township \_\_\_\_\_ Boy or Girl \_\_\_\_\_

Parent or Guardian's Name \_\_\_\_\_

Year	Project	Div./ Lev.	Number of Garments Dishes, Articles, Animals	Exhibit	Exhibits Placing	Record Grade
Ex. 90	Garden	I	17 varieties vegetables 100' x 75'	1 plate green beans	Local – County – Blue State – Red	A