

# PATRICIA J. WOOD - BARRY DILKS 4-H MEMORIAL SCHOLARSHIP APPLICATION

**PURPOSE:** *To assist 4-H members, or former 4-H members, who are qualified high school graduates within Atlantic County to seek higher education beyond the secondary level, and to provide financial assistance to such students with scholarship grants. These scholarships are given in memory of outstanding 4-H members, Patricia J. Wood and Barry Dilks.*

**ELIGIBILITY OF APPLICANT:** To be eligible for a scholarship, one must:

1. be a present or former member of the Atlantic County 4-H Program, who has completed at least three years of 4-H club work.
2. applied and/or accepted to a college or institution of higher learning.
3. have positive need for financial assistance.
4. complete this application form and include a photo.
5. not have previously received a scholarship from the 4-H Foundation.

## APPLICANT

NAME IN FULL \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

BIRTHDATE \_\_\_\_\_ AGE \_\_\_\_\_ SEX \_\_\_\_\_

GRADUATING HIGH SCHOOL \_\_\_\_\_

## COLLEGE/INSTITUTE INFORMATION

COLLEGE YOU ARE APPLYING/BEEN ACCEPTED \_\_\_\_\_

COLLEGE MAJOR/COURSE OF STUDY \_\_\_\_\_

I WILL: LIVE AT SCHOOL \_\_\_\_\_ COMMUTE \_\_\_\_\_

YEARLY TUITION COST \_\_\_\_\_ YEARLY ROOM & BOARD COST \_\_\_\_\_  
*(please fill in approximate costs if actual amounts are unknown at this time)*



**LEADERSHIP ACTIVITY:** LIST JUNIOR AND OTHER LEADERSHIP RESPONSIBILITIES YOU HAVE ACCEPTED IN YOUR CLUB AND COUNTY PROGRAMS, INCLUDING OFFICES HELD, COUNCIL CHAIRMANSHIP, ETC. (LIST MOST RECENT AWARDS FIRST, THEN WORK BACK THROUGH YEARS)

YEAR	POSITION/TITLE/RESPONSIBILITY

LIST REGIONAL AND NATIONAL RECOGNITION AWARDS, TRIPS, ETC. (CWF, CONGRESS, ROUND UP, CONFERENCE, ETC.) (LIST MOST RECENT AWARDS FIRST, THEN WORK BACK THROUGH YEARS)

YEAR	RECOGNITION TRIP/AWARD/ETC.

**OTHER 4-H ACTIVITIES:** SUMMARIZE HERE ANY 4-H TALKS, TV AND RADIO PRESENTATIONS; ALSO LIST OTHER 4-H EXPERIENCES SUCH AS CAMP COUNSELOR, TRIPS, COMMITTEES, CITIZENSHIP PROJECTS, ETC.

ACTIVITY	THIS YEAR	OTHER YEARS	WHAT DID YOU ACCOMPLISH?

**APPLICANT'S FAMILY**

**FATHER'S NAME** \_\_\_\_\_ **LIVING?** \_\_\_\_\_  
                                     FIRST                                    MIDDLE                                    LAST  
**AGE** \_\_\_\_\_ **BUSINESS & POSITION HELD** \_\_\_\_\_  
**EMPLOYER** \_\_\_\_\_  
 (NAME AND ADDRESS -- IF SELF-EMPLOYED, GIVE TRADE NAME)

**MOTHER'S NAME** \_\_\_\_\_ LIVING? \_\_\_\_\_  
FIRST MIDDLE LAST

AGE \_\_\_\_\_ BUSINESS & POSITION HELD \_\_\_\_\_

EMPLOYER \_\_\_\_\_  
(NAME AND ADDRESS -- IF SELF-EMPLOYED, GIVE TRADE NAME)

**GUARDIAN'S NAME** (IF OTHER THAN ABOVE) \_\_\_\_\_

YEARLY FAMILY INCOME (CHECK ONE):

\$20,000 OR BELOW \_\_\_\_\_ \$20,000-\$40,000 \_\_\_\_\_ \$40,000-\$50,000 \_\_\_\_\_

\$50,000-\$60,000 \_\_\_\_\_ \$60,000-\$70,000 \_\_\_\_\_ \$70,000-ABOVE \_\_\_\_\_

DO YOU (APPLICANT) CONTRIBUTE TO THE SUPPORT OF THE FAMILY? IF YES,  
EXPLAIN. \_\_\_\_\_

NAMES OF BROTHERS AND SISTERS	AGE	OCCUPATION OR GRADE IN SCHOOL	MARRIED OR SINGLE
-------------------------------	-----	-------------------------------	-------------------

_____			
_____			
_____			
_____			

OTHER DEPENDENTS AND RELATIONSHIP \_\_\_\_\_

LIST OTHER SCHOLARSHIPS OR GRANTS RECEIVED BY SOURCE, THE AMOUNT OF EACH, AND THE TIME PERIOD DURING WHICH THEY WILL BE DISBURSED.

\_\_\_\_\_

\_\_\_\_\_

I DECLARE THAT I HAVE READ THIS APPLICATION AS COMPLETED AND, TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE ANSWERS GIVEN ARE COMPLETE AND CORRECT. I APPROVE THIS APPLICATION FOR A SCHOLARSHIP. I HAVE ENCLOSED A RECENT BLACK AND WHITE OR COLOR PHOTO OF MYSELF FOR PUBLICITY PURPOSES.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF PARENT

\_\_\_\_\_  
DATE

**ENDORSEMENT BY SCHOOL AUTHORITY** - TO BE FILLED OUT BY SCHOOL PRINCIPAL OR GUIDANCE COUNSELOR.

IS APPLICANT LIKELY TO SUCCEED IN THE HIGHER EDUCATION FIELD OF HIS/HER CHOICE? PLEASE EXPLAIN. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DOES APPLICANT HAVE YOUR UNQUALIFIED ENDORSEMENT? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

APPLICANT RANKS \_\_\_\_\_ FROM TOP IN GRADUATING CLASS OF \_\_\_\_\_

STUDENTS REMARKS: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_

Official Capacity \_\_\_\_\_

High School \_\_\_\_\_

PLEASE RETURN APPLICATION AND PHOTO BY APRIL 30 TO:

Wood-Dilks 4-H Scholarship Fund  
c/o 4-H Office  
6260 Old Harding Highway  
Mays Landing, NJ 08330