

TERRY D. VIKTORIN MEMORIAL SCHOLARSHIP

*Recipient must have been a 4-H member for five years or more, currently enrolled in 4-H and will be graduating in May of the current year from a Goshen County high school.

*Scholarship will be in the amount of \$250.00. The scholarship will be awarded in May. The scholarship will be paid to the college and sent to the recipient after proof of full time enrollment for the Fall term is provided.

*Application and 4-H portfolio due the Goshen County Extension Office no later than April 15 of the current year.

*An interview may be requested. The decision of the selection committee is final.

NAME _____

HOME ADDRESS _____

PHONE NUMBER _____ BIRTH DATE _____

FATHER'S NAME _____ OCCUPATION _____

MOTHER'S NAME _____ OCCUPATION _____

GRADE POINT AVERAGE _____ ACT SCORE _____ SAT SCORE _____

COLLEGE OR UNIVERSITY YOU WILL ATTEND _____
ADDRESS _____

MAJOR _____

HAVE YOU RECEIVED ANY OTHER SCHOLARSHIPS? YES () NO ()

IF SO, SPECIFY: _____

PLEASE PROVIDE NAMES, ADDRESSES AND PHONE NUMBERS OF THREE REFERENCES OTHER THAN FAMILY MEMBERS _____

PLEASE LIST ANY WORK EXPERIENCE YOU MAY HAVE _____

LIST ACTIVITIES IN WHICH YOU HAVE PARTICIPATED (SCHOOL, CHURCH, COMMUNITY, ETC.)

LIST OFFICES AND/OR LEADERSHIP POSITIONS YOU HAVE HELD IN ANY ORGANIZATION

LIST HONORS WHICH YOU HAVE RECEIVED

HAVE YOU SERVED AS A VOLUNTEER IN YOUR COMMUNITY? (I.E. HIGHWAY CLEANUP, SALVATION ARMY VOLUNTEER, FOOD DRIVE, ETC)

WHY DO YOU WANT AND NEED THIS SCHOLARSHIP? _____

PLEASE ATTACH A COPY OF HIGH SCHOOL GRADE TRANSCRIPT TO THIS APPLICATION.

APPLICANT'S SIGNATURE

DATE