



Request for 4-H Scholarship Payment

PERSONAL INFORMATION

Name _____ Date Requested _____

Home Address _____

Email _____ County _____

SCHOOL INFORMATION

University/College Name _____

Year in College ____ Freshman ____ Sophomore ____ Junior ____ Senior

Major(s) _____

SCHOLARSHIP INFORMATION

Scholarship Name _____

Year Received _____ Amount _____

Select One of the Following:

- Mail to: _____
- Pick Up at the Georgia 4-H Foundation on UGA Campus

VERIFICATION

Scholarship Recipient Signature _____

4-H County Extension Staff Signature _____

Checklist of Requirements to Receive Scholarship Funds

Please include all items listed below to be approved for payment of scholarships.

- Fully Met Requirements of Specific Scholarship Award as Specified on Signed Scholarship Agreement
- Official Transcript Attached
- Currently Enrolled
- Copy of Donor Thank You Letter Attached
- 2.5 GPA

RETURN TO

Ariel Waldeck
Georgia 4-H Foundation
309 Hoke Smith Annex
The University of Georgia
Athens, GA 30602

FOR STATE 4-H OFFICE USE ONLY

- Requirements Met
- Check Requested
- Check Mailed/Date _____