

# Edinburg 4-H Foundation 2024 Scholarship Application

The Edinburg 4-H Foundation is seeking qualified applicants for scholarships to be awarded to current 4-H members pursuing a post-secondary education at any technical, vocational or other school of higher education.

## Scholarship Criteria:

1. Gold Level- Currently enrolled and active in a chartered, Edinburg based 4-H club and have an Edinburg address.  
Silver Level- Currently enrolled and active in a chartered, Edinburg based 4-H club but does not have an Edinburg address.
2. Must have been active in the 4-H program for the last 3 years.
3. The Club Manager must certify this application by indicating that the candidate is in good standing with their 4-H club.
4. Must complete this application and participate in a personal interview.
5. Must be a graduating high school senior.

## Definitions of Criteria

- Edinburg based club is a club that has 50% or more of its membership living in the Edinburg area. The Edinburg area definition will be that as defined by the US Postal Service and the board has the right to make the final determination on all applications in question.
- Edinburg based clubs will be identified by the County Agent from the official 4-H on-line enrollment registered as of September 1 of each 4-H year.
- New Edinburg based clubs that organize after September 1 of each year will not be recognized as an Edinburg based club until the next 4-H year when the on-line enrollments are certified at the county level.
- The application for each candidate must contain the address of the parent that has primary guardianship responsibilities for the student.
- Original signatures ARE REQUIRED from the student, parent AND club manager on the application. These signatures indicate that the candidate has complied with the rules set forth by the Edinburg 4-H Foundation.

## Application Instructions

Typing this application is mandatory. Each section of this application must be completed in the space provided. Do not add additional pages. Do not change the margins or the 12 point Times New Roman font. This form is available for downloading and editing in Word (.doc or .docx), WordPerfect and PDF at:  
<http://hidalgo.agrilife.org/4-h-youth-development/edinburg-4-h-foundation/>

The Scholastic Record on page 6 is to be completed by a school records official and attached in a sealed envelope provided by the school. Completed applications must be delivered to the Hidalgo County Extension Office by 5:00 p.m., **Wednesday, April 10, 2024**. Electronic, fax and mail submittals will not be accepted.

## Selection Process

The Edinburg 4-H Foundation Board of Directors will review all applications. Any application that does not meet the criteria or follow application instructions may be eliminated from consideration.

Applicants will be required to participate in a personal **interview April 17, 2024**. Emphasis will be placed on 4-H accomplishments, leadership, citizenship, community service, academics and the oral interview. The number and amounts of scholarships awarded will be determined each year by the Edinburg 4-H Foundation Board of Directors. Applicants will be notified in writing of the selection results. Scholarship decisions are final. Applications and related documents are confidential. For scholarship recipients, proof of enrollment will be required prior to checks being issued.

A reception to present scholarships will be on **May 3, 2024 at the Hidalgo County 4-H Achievement Night Reception**.

Personal and Family Information

First and Last Name	
4-H Club	
Years in 4-H	
Address	
City	
Zip	
Home Phone	
Youth Cell Phone	
Email	
Date of Birth	
Father's Name, Phone Number & Email	
Father attend college?	
Father's Occupation	
Father's Title	
Father's Employer	
Mother's Name, Phone Number & Email	
Mother attend college?	
Mother's Occupation	
Mother's Title	
Mother's Employer	
List ages of all siblings	
Name of school you plan to attend	
Have you been accepted?	
Degree Major	
Career Choice	

**Certification Original signatures required.**

I certify that the information contained in this application is true and correct.			
Date		Signature of Applicant	
Date		Signature of Parent/Guardian	
I certify that this person is a member in good standing of the 4-H club listed above			
Date		Signature of Club Manager	

**List the years and category of your 4-H Record Book submission(s).** How did you place each year with your book? (includes County, District and state competitions). *max ½ page*

List your most significant **NON-4-H projects** and activities (max ½ page)

List your most significant leadership roles **in 4-H** including years, duties & accomplishments. (max 1/3 page)

List your most significant **4-H honors** received. (max 1/3 page)

List your most significant **4-H & other club organization** citizenship and community service projects.  
(max 1/3 page)

Write a narrative about yourself including any information you would like for the Scholarship Selection Committee to know. Do not repeat any information contained elsewhere in this application. (max 1 page)

## Scholastic Record

This page is to be completed by the school principal or counselor, sealed in an envelope along with other requested documents and returned to the applicant to be attached to the scholarship application. This page may be hand-written or typed. Word processor versions of the entire application or just this page are available at: <http://hidalgo.agrilife.org/4-h-youth-development/edinburg-4-h-foundation/>

Applicant's First and Last Name					
Name of High School					
Date of Graduation					
Class Rank		out of			
Grade Point Average through last completed semester, based on unweighted 100 point scale					
Highest SAT Score (if required by college of choice)					
Highest ACT Score (if required by college of choice)					

Attach the high school transcript to date including SAT/ACT scores and certify with a school seal.
If you desire to make an optional statement regarding this applicant, the judging committee will welcome any information you desire to provide. Please use the space below.

Name of School Official Completing this form

check one

Principal or

Counselor Phone

Date

Signature