



## 2024 4-H Ambassador Scholarship \$75

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

4-H Club: \_\_\_\_\_ County: \_\_\_\_\_

What is your Program Priority Area?

\_\_\_\_\_ Agriculture \_\_\_\_\_ Health & Wellness \_\_\_\_\_ Leadership \_\_\_\_\_ Science

What is one of your goals for your year as 4-H Ambassador? *(must be completed)* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**To apply for the \$75 scholarship, you must tell at least two groups of youth about your experience.**

Name of two groups (like your 4-H Club) that I have told about the 4-H Ambassador Program:

\_\_\_\_\_ Signed by Leader of group: \_\_\_\_\_

\_\_\_\_\_ Signed by Leader of group: \_\_\_\_\_

I have completed my report and am submitting this application by December 31 of the current year to be eligible for the scholarship.

\_\_\_\_\_  
\*\*\*4-H Member Signature\*\*\*

\_\_\_\_\_  
Date

I verify that this 4-H member is currently serving as a 4-H Ambassador.

\_\_\_\_\_  
4-H Leader or 4-H Ambassador Advisor

**All signatures required to be eligible. Form must be received or postmarked by December 31 to:**

Paula Linke, Executive Secretary, State 4-H Leaders of SD  
39833 233<sup>rd</sup> St, Woonsocket SD 57385 \* 605-796-4558 \*\* [sd4hleaders@santel.net](mailto:sd4hleaders@santel.net)