



## IFYE Scholarship Application

A limited number of scholarships are available this year to help participants partially fund their international exchange experience. Scholarships are awarded with consideration given to the applicant's 4-H background and demonstrated financial need. To be considered for a scholarship, please complete this form and return it with the application. Scholarships are contingent upon your agreement with Missouri 4-H Youth Development Center as you sign the contract agreement for presentations and other supporting activities for Missouri 4-H. The scholarship funds are provided by the Missouri IFYE Alumni Association

### Personal Information:

Name: \_\_\_\_\_ Email: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Applicant's total income (most recent year): \_\_\_\_\_

Are you counted as a dependent on your parent's tax form?      Yes                  No

Are you currently enrolled in a post-secondary school?      Yes                  No

What are your plans upon return?

Please explain any special circumstances that warrant consideration to provide financial assistance for this international experience.

What other financial support are you receiving?

State 4-H level: \_\_\_\_\_ County 4-H level: \_\_\_\_\_ Other donors: \_\_\_\_\_

Have you looked into other funding sources?                  Yes                  No

If yes, what funding sources are you pursuing in addition to this scholarship? Include the amounts (or projected if you are not sure) of scholarship funds you will be receiving from other sources.

On the back of this sheet, please indicate how you would tell others about the program. (This is in addition to the required presentations and article.)

I certify that all information given on this application is true, correct and complete to the best of my knowledge, and that I, the participant, agree to give required presentations and write the required article for publication regarding my international experience.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

4-H Youth Specialist's, YPA or YEA \_\_\_\_\_ Date: \_\_\_\_\_

Back page--to indicate how you would tell others about the program (this is in addition to the required presentations and articles).