

# Oklahoma 4-H Rule of Law Travel Scholarship Application

Applications for Citizenship Washington Focus 2022 must be received in the 4-H Foundation office by January 14<sup>th</sup>, 2022. Please email applications to [ok4hfoundation@okstate.edu](mailto:ok4hfoundation@okstate.edu)

Name \_\_\_\_\_ County \_\_\_\_\_

*(The Foundation reserves the right to consider an application submitted at any time. Further, any requirement in the application below related to an award based upon “extraordinary” facts or circumstances shall require the final approval by the Executive Director and Executive Committee of the Foundation).*

A 4-H member may generally win only one travel award per 4-H year. If you are interested in applying for more than one travel award, please rank the trips according to your preference and provide the Foundation with any extraordinary facts surrounding your request to receive more than one travel scholarship. Travel awards will not add or detract from your ability to win other awards. If you are awarded a travel scholarship for a trip you do not take, the award money will be returned to the Rule of Law Fund. Rule of Law Travel Scholarships are to be based upon a demonstrated financial need.

## **In addition to this form, the following materials are required for this scholarship:**

- **Letter of recommendation from Extension Educator, Teacher or counselor**
- **Statement of financial need from Extension Educator, (last page of this form)**

\_\_\_\_\_ Citizenship Washington Focus 2022, total cost \$2,200.

*<sup>1</sup> Upon a demonstration of extraordinary facts or circumstances, the Foundation reserves the right to increase the amount of a particular travel scholarship award up to 80% of the participant’s estimated costs set forth above.*

**County:**

**Name (first, middle initial, last):**

**Name of Parents or Guardians:**

**Complete home address:**

**Date of Birth:**

**I have prepared/reviewed this application and believe it to be correct:**

**Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent/Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

**Extension Educator** \_\_\_\_\_ **Date** \_\_\_\_\_

**Academic Information**

**Year in school, September 1, 2021:** \_\_\_\_\_

**Name of High School attending:** \_\_\_\_\_

**Complete Address of High School:** \_\_\_\_\_

**Date of Expected Graduation:** \_\_\_\_\_

**Approximate grade point average (required) \_\_\_\_\_ out of \_\_\_\_\_ points**

**4-H Project Work**

**Use this space to summarize your 4-H Project work.**

**4-H Leadership and Civic Engagement**

**Use this space to summarize your 4-H leadership and citizenship activities, including leadership positions held. Describe the impact these activities on your local club, community, etc.**

**Your Facts and Circumstances**

**What do you hope to learn or gain from the experience of this out of state trip or travel?**

**Please indicate why this travel scholarship will make it possible for you to attend this trip. Please include any circumstances that make this support important to you.**

**Are there any extraordinary facts or circumstances that you would like for the Foundation to be aware of when considering this application that you have not described above?**

**No**

**Yes**

**If “yes”, please provide the extraordinary facts or circumstances that you would like for the Foundation to consider.**

**Financial Information Provided by Extension Educator**

**Please provide any information that might be helpful to the Foundation. Indicate any unusual circumstances that might affect the member's ability to participate without this scholarship. *(You are not expected to check anyone's bank or tax records, but we need to know that this applicant's ability to participate may be affected by the availability of this travel scholarship).***

**Indicate the level of financial assistance provided by the county, leaders association or booster club for the delegates to this event. Indicate the level of support from zero to full payment of the registration. \$ \_\_\_\_\_ Source \_\_\_\_\_**

**Narrative Description of the Member's financial need:**

**Extension Educator's Signature \_\_\_\_\_ Date \_\_\_\_\_**