



OSCEOLA COUNTY 4-H FOUNDATION and MOHR MEMORIAL SCHOLARSHIP APPLICATION



NAME: _____ DATE: _____

ADDRESS: _____

PHONE NUMBER: _____ PARENT'S NAMES: _____

PARENT'S OCCUPATION: _____

LIST SPECIALIZED SCHOOL OR COLLEGE YOU ARE PLANNING TO ATTEND:

WHAT SPECIFIC FIELD OR CAREER ARE YOU PLANNING? _____

WHAT IS THE LENGTH OF THE COURSE? _____

WHAT ARE THE COSTS? TUITION _____ GAS _____

BOARD _____ ROOM _____

BOOKS _____ OTHER _____

HOW MUCH MONEY CAN YOU AND YOUR PARENTS PROVIDE? _____

HOW MUCH MONEY WILL YOU NEED BESIDES THIS? _____

LIST SUBJECTS AND GRADES EARNED IN HIGH SCHOOL THAT CORRESPOND WITH YOUR CHOSEN FIELD AND CAREER: LIST YOUR ACT/SAT SCORE: _____

WRITE A BRIEF SUMMARY OF HOW YOUR DECISION TO APPLY FOR THIS SCHOLARSHIP WAS: 1) Influenced by your 4-H experiences and, 2) Influenced you choice of a career. (May write on back of sheet or separate page).

WRITE AN EXPLANATION OF WHY YOU HAVE CHOSEN THIS SCHOOL FOR YOUR EDUCATION. (Write on back of sheet or separate page).

LIST AND DISCUSS ANY REASON, OTHER THAN LACK OF MONEY, THAT MAY CAUSE YOU NOT TO FINISH THIS TRAINING ONCE YOU START.
