



JACKPOT SCHOLARSHIP

Four Leaf Clover Foundation

Submission Deadline April 30th

\$250 Scholarship Award

To: JACKPOT Scholarship Applicant

As a high school senior, or equivalent, and a member of the Santa Barbara County 4-H program you are eligible to apply for the JACKPOT Scholarship award administered by the Four Leaf Clover Foundation, a nonprofit public benefit corporation whose mission statement is, "To enhance, encourage, and support youth development through the Santa Barbara County 4-H program".

The JACKPOT Scholarship was founded February 2006, as an annual recognition to encourage 4-H youth to remain involved in 4-H throughout their high school career.

Qualifications

This scholarship was established to include all 4-H members who stay involved in the Santa Barbara County 4-H program throughout their high school career, have earned their gold star, and plan to continue their education at a college, university, or technical school. Financial need is not a consideration for this scholarship. 4-H members may apply for additional FLCF scholarships, if qualified, but only one will be awarded per applicant.

Applicants must:

- Have been in the 4-H program all of their years in High School,
- Be a current 4-H member in good standing
- Be enrolled in one of the clubs of the Santa Barbara County 4-H Clubs' Council
- Have received or will be receiving this year the rank of Gold Star
- Mail the completed Scholarship application to the address below, and post marked no later than April 30th.

Application Checklist

- Application complete and signed by applicant, parent, and 4-H Leader
- Mail application before April 30th deadline to:
Four Leaf Clover Foundation - Scholarship Committee
P.O. Box 451
Los Alamos, CA 93440-0451

If you have any questions concerning this application or the JACKPOT Scholarship in general, please contact Zelda Hughes (805-967-3659) or Linda Greco (805-934-3490).

Selection

The JACKPOT scholarship award recipient's name will be drawn from the pool of names that apply by the due date. The award will be drawn, announced, and presented at the Santa Barbara County 4-H Council's Annual meeting in May. All applicants are encouraged to attend this meeting.

Funding

Scholarship monies will be available to the recipient named by the Selection Committee upon verification of enrollment to an educational institution of his/her choice. It is the recipient's responsibility to provide proof of that enrollment to the above address.

Any recipient of Scholarship monies not completing his/her first semester or other term of work at the institution of his/her choice is required to return the money, in its entirety, to the Four Leaf Clover Foundation, within 60 days of the discontinuance, through the Foundation Treasurer. The EXCEPTION, in the discretion of the Four Leaf Clover Foundation, is when special circumstances apply and approval by the Four Leaf Clover Foundation Scholarship Committee is granted.



Four Leaf Clover Foundation Scholarship Common Application

Application for the year of ____ to ____ **SUBMISSION DEADLINE APRIL 30TH**

Check the box of all scholarships applying for: Brian Worker George Hughes Service Learning Jackpot

Name _____ Male Female
 First Middle Initial Last

Permanent Address _____

City/State/Zip _____ Birth date: _____

Daytime Phone () _____ Evening Phone () _____

E-mail: _____ Age: _____

Father's Name: _____ Mother's Name: _____

Are you or your parents Four Leaf Clover Foundation Members? If yes, what years? _____

How did you hear about this scholarship? _____

4-H Club Name _____

Years in 4-H (in Santa Barbara County) _____

Years in 4-H (total) _____ Year joined 4-H: _____

Major Projects _____

High School Name _____

When will you graduate from high school (Month & Year) _____

For further education you plan to attend _____
(College, University, Technical School, etc.)

Major _____

CERTIFICATE

I certify that all information on this application is true, complete, and accurate to the best of my knowledge. I will be a full time student during the next school year. I authorize public acknowledgement of any scholarship I receive.

Applicant's Signature: _____ Date: _____

I have reviewed this application for a Scholarship administered by the Four Leaf Clover Foundation and I believe that the information contained is correct. I also certify that the above applicant is a Santa Barbara County 4-H member that has been in good standing throughout their high school career, and is currently still in good standing.

Applicant's Parent's Signature: _____ Date: _____

4-H Leader's Signature: _____ Date: _____
(other than parent)