



Florida 4-H Senior Portfolio

Name: _____ Year: _____
 County: _____ Age (as of September 1 of current year) _____ Date of Birth: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Parents/Guardian Name: _____
 Club/Group: _____ Leader: _____
 Are you currently in 4-H? _____ Number of years in 4-H? _____

AWARD TRIP SPECIFIC QUESTIONS

My preference in Award Trips is: National 4-H Congress National 4-H Conference
 Have you attended National 4-H Congress? Yes No What Year: _____
 Have you attended National 4-H Conference? Yes No What Year: _____

SCHOLARSHIP SPECIFIC QUESTIONS

Have you previously been awarded a 4-H Scholarship? Yes No

If so which one? _____

Which Florida 4-H Scholarship(s) are you interested in applying for?

- | | | |
|--|--|---|
| <input type="checkbox"/> UF College of Ag | <input type="checkbox"/> Ruth Milton | <input type="checkbox"/> Jared Padgett 4-H Excellence |
| <input type="checkbox"/> Barber | <input type="checkbox"/> Alden Hilliker Memorial | <input type="checkbox"/> Chuck and Linda Syfrett |
| <input type="checkbox"/> T.G. Williamson | <input type="checkbox"/> Nettie Ruth Brown | <input type="checkbox"/> Florida Cattlewomen Assoc. |
| <input type="checkbox"/> Thomas Greenawalt | <input type="checkbox"/> Terry Floyd | <input type="checkbox"/> Dallas C. Osborne |
| <input type="checkbox"/> Platt Memorial | <input type="checkbox"/> Dr. Freddie Johnson | <input type="checkbox"/> Horseman of the Year |

EDUCATION

Are you currently attending:

High School Grade: _____ Date of Graduation: _____
 College Years Completed: _____ Major: _____
 Trade School Course of Study: _____

Grade Point Average: _____

Class Ranking: _____

NATIONAL TESTING SCORES

ACT Score: _____

Test Date: _____

SAT Score: _____

Test Date: _____

ACADEMIC HONORS

Name and address of school you will be attending in the fall of 2017:

What Professional Field(s) Are You Interested in Pursuing?

ANTICIPATED COSTS

Do you expect to work while attending school? Yes No

If yes, estimate the number of hours you will work each week: _____

Other anticipated methods of funding your education? _____

Parents/Guardian's Adjusted Gross Income: \$ _____

Will any additional members of your immediate family be pursuing further education next year?

Yes No

REFERENCES

4-H Extension Agent Name: _____ E-Mail Address: _____

Second Reference Name: _____ E-Mail Address: _____

SCHOLARSHIP CONDITIONS

A scholarship shall be used within a year of the date of the award except where the winner has not completed the necessary non-collegiate schoolwork. In such cases, the scholarship shall be used within the year following graduation from high school. In the event the scholarship is not used within the year of limitation, the winner must present to the State 4-H Leader a request for time extension. Failure to do so will result in forfeiture of the scholarship.

APPLICANT STATEMENT

I personally prepared this report and it is a true record of my 4-H project.

4-H Member Signature: _____

Date: _____

APPROVAL OF THIS REPORT

Parents or Guardian: _____

Date: _____

4-H Leader: _____

Date: _____

4-H Extension Agent: _____

Date: _____