

WORKSHOP SCHOLARSHIP APPLICATION
PART 2

Waukesha County 4-H Leader's Association
Awards Committee
515 W. Moreland Blvd, Room AC-G22
Waukesha, WI 53188

Submit Part 2 application 30 days or earlier after attending workshop to be eligible to receive reimbursement.

Name: _____

Address: _____

City: _____ Zip: _____

4-H Club: _____

Name of workshop: _____

Location of workshop: _____

Date of workshop: _____ Registration fee: _____

What was your favorite part of the workshop and why?

This is my plan of action to use materials and information learned. Include when, how, and where you intend to implement plan at the Club and County level. (Provide specific examples)

*Remember – this is a scholarship application. Consideration for reimbursement will be made at the end of the 4-H fiscal year.