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| --- | --- |
|  | AB Graham Memorial Center  |
| 8025 E US Route 36 PO Box 433, Conover, OH 45317 Phone: 937-368-3700 Email: abgraham@swohio.twcbc.com  |

# 2019 Scholarship Application- Due by April 3rd, 2019

## Student Information

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Full Name: |  |  |  | Date: |  |
|  | Last | First | M.I. |  |  |

|  |  |  |
| --- | --- | --- |
| Address: |  |  |
|  | Street Address | Apartment/Unit # |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | City | State | ZIP Code |

|  |  |  |  |
| --- | --- | --- | --- |
| Phone: |  | Email |  |

|  |  |
| --- | --- |
| Parent or Guardian’s Name: |  |

## Education

|  |  |  |  |
| --- | --- | --- | --- |
| High School: |  | GPA after 7 semesters | : |
| Attach a copy of an official school transcript. Also have your school counselor sign below. |
| Counselor signature: |
|  |
| College/ Technical School: |  |
| Degree/Field of Study: |  |
|  |  |
| Have you been accepted to this college/school?  | YES[ ]  | NO[ ]  |

## 4-H Involvement

|  |  |  |
| --- | --- | --- |
| Are you a current 4-H member in Miami, Champaign or Shelby County?  | YES[ ]  | NO[ ]  |

|  |  |  |  |
| --- | --- | --- | --- |
| 4-H Club Name:  |  | Number of years enrolled: |  |
| Advisor(s): |  |  |
| Attach at least one Letter of recommendation from a 4-H advisor to the application.  |
| **Please list all 4-H activities that you have participated in during your 4-H career (camp counselor, junior leader, car teen etc.) Include number of years involved and any offices held.**  |
|  |

##  Volunteer Work

|  |
| --- |
| Please list any awards received you received while participating in 4-H activities.  |
|  |

|  |  |
| --- | --- |
| Please list volunteer work that you have participated in within your community: |  |

|  |
| --- |
|  |

## Essay Question

|  |
| --- |
| A.B. Graham was an educator who lived his life working to enrich the lives of those living in rural communities. In a short essay describe how your life has been impacted by the works of Mr. Graham as well as how you have impacted others through agricultural education.  |

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| --- |
|  |

## Applicant Signature

I certify that my answers are true and complete to the best of my knowledge.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |