



## Rachel M. Harding Memorial 4-H Scholarship



This scholarship fund will award a scholarship to one individual from Waldron High School once a year to recognize a 4-H member who has a record of excelling and to provide support for continuing education.

### **Eligibility**

- The scholarship is open to all 9-12 grade Waldron High School 4-H members. (Past recipients may reapply)
- Applicant must be planning to pursue some post secondary education or training (any accredited college, vocational or other training schools). Does not have to be in Indiana.
- Applicant must have completed three or more years of 4-H membership prior to application.

### **Selection**

- Awards will be based on academic and 4-H achievements and on personal, educational and career goals
- Final selection of recipients will be determined by the Blue River Community Foundation's scholarship committee with recommendations from the Harding Family

### **Notification**

- Scholarship will be awarded at the annual Waldron High School award ceremony

### **Receipt of Money**

- Money may be requested upon receipt of billing from the University or housing facility. Proof of this must be shown in the form of the copy from the institution
- Checks will be made payable directly to the school from the Blue River Community Foundation after one semester of post secondary studies with proof of passing grades.

### **Recipients**

- The scholarship will be held in an account with the Blue River Community Foundation until the 4-H member enters college or other acceptable advanced training school.
- The award must be used by the recipient before his/her 21<sup>st</sup> birthday or the award will be withdrawn by BRCF.

**RACHEL M. HARDING MEMORIAL 4-H SCHOLARSHIP APPLICATION FORM**

Extension Area \_\_\_\_\_ County \_\_\_\_\_ Year \_\_\_\_\_

Currently participating in 4-H: Yes \_\_\_\_\_ No \_\_\_\_\_ Years in 4-H \_\_\_\_\_ Current Grade in School \_\_\_\_\_

Name \_\_\_\_\_  
(first) (middle) (last)

Home Address \_\_\_\_\_ Zip \_\_\_\_\_  
(street) (city)

Home phone # (\_\_\_\_) \_\_\_\_\_

Date of Birth \_\_\_\_\_  Male \_\_\_\_\_  Female \_\_\_\_\_

Parents/Legal Guardians:

Father's name & address \_\_\_\_\_

Mother's name & address \_\_\_\_\_

Parent/Guardian Phone (\_\_\_\_) \_\_\_\_\_

Name of High School \_\_\_\_\_ H. S. Graduation date \_\_\_\_\_

Name of 4-H Club \_\_\_\_\_

Name of school/college/training facility you plan to attend (or are attending) after high school graduation

\_\_\_\_\_

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STATEMENT BY 4-H MEMBER

I personally have prepared this report and certify that it accurately reflects my work:

Date \_\_\_\_\_ 20 \_\_\_\_ \*Signature of 4-H Member \_\_\_\_\_

APPROVAL OF THIS REPORT

We have reviewed this report and believe it to be correct:

Date \_\_\_\_\_, 20 \_\_\_\_ \*Signed \_\_\_\_\_  
(P arent or Guardian)

**NOTE: This application *will not* be returned (copy before submitting).**

**\*Signature indicates implied consent that these materials may be reviewed by the selection committee and award donor.**

**ATTACH:**

- Brief summary (200 words or less) about your educational goals
- Most recent high school transcript
- 2 recommendations (forms attached) \_\_\_\_\_

1. What career path do you plan to follow? \_\_\_\_\_  
\_\_\_\_\_

2. Why did you choose this career?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Did 4-H influence your career choice? \_\_\_ Yes \_\_\_ No (This answer has nothing to do with judging.)

If yes, what segment(s) of the program influenced you the most? (Check those that apply)

- |                                                  |                                                |                                                     |
|--------------------------------------------------|------------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> Project Work            | <input type="checkbox"/> Computer Workshop     | <input type="checkbox"/> Mechanical Sciences        |
| <input type="checkbox"/> 4-H Leader              | <input type="checkbox"/> County 4-H Activities | <input type="checkbox"/> Natural Resources Workshop |
| <input type="checkbox"/> Extension Agent         | <input type="checkbox"/> Dairy Conference      | <input type="checkbox"/> Plant Science Workshop     |
| <input type="checkbox"/> Aerospace Workshop      | <input type="checkbox"/> Electric Camp         | <input type="checkbox"/> Roundup                    |
| <input type="checkbox"/> Ambassador Workshop     | <input type="checkbox"/> Food Science Workshop | <input type="checkbox"/> State Fair Conference      |
| <input type="checkbox"/> Animal Science Workshop | <input type="checkbox"/> Jr. Leader Conference |                                                     |

Other: (Please List) \_\_\_\_\_

4. Work experience (for example, cook at McDonald's, clerk at J.C. Penney's, etc.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. How will you utilize your overall 4-H experiences in the future? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. 4-H projects (give number of years):

|       |       |       |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

7. 4-H Demonstrations/Public Speaking/Judging and Other Activities (Local, County, Area, State, National):

| <u>Year</u> | <u>Activity</u> | <u>(L,C,A,S,N)</u> | <u>Year</u> | <u>Activity</u> | <u>(L,C,A,S,N)</u> |
|-------------|-----------------|--------------------|-------------|-----------------|--------------------|
| _____       | _____           | _____              | _____       | _____           | _____              |
| _____       | _____           | _____              | _____       | _____           | _____              |
| _____       | _____           | _____              | _____       | _____           | _____              |
| _____       | _____           | _____              | _____       | _____           | _____              |
| _____       | _____           | _____              | _____       | _____           | _____              |

8. 4-H offices held (Local/County):

| <u>Year</u> | <u>Office</u> | <u>(L,C)</u> | <u>Year</u> | <u>Office</u> | <u>(L,C)</u> |
|-------------|---------------|--------------|-------------|---------------|--------------|
| _____       | _____         | _____        | _____       | _____         | _____        |
| _____       | _____         | _____        | _____       | _____         | _____        |
| _____       | _____         | _____        | _____       | _____         | _____        |
| _____       | _____         | _____        | _____       | _____         | _____        |
| _____       | _____         | _____        | _____       | _____         | _____        |

9. 4-H awards/trips/committee work (Local, County, Area, State, National)

| <u>Award/Trip</u> | <u>(L,C,A,S,N)</u> | <u>Committee Work</u> | <u>(L,C,A,S,N)</u> |
|-------------------|--------------------|-----------------------|--------------------|
| _____             | _____              | _____                 | _____              |
| _____             | _____              | _____                 | _____              |
| _____             | _____              | _____                 | _____              |
| _____             | _____              | _____                 | _____              |
| _____             | _____              | _____                 | _____              |

DO NOT ADD PAGES



**THE BLUE RIVER COMMUNITY FOUNDATION  
54 WEST BROADWAY, SUITE 1, SHEBYVILLE, IN 46176  
317.392.7955**

**APPLICANT:** Complete the box below and then give to the person making the recommendation. This person will return the letter to the Foundation either personally or through your guidance office.

**Name of Applicant:** \_\_\_\_\_

**Scholarship(s) for which you are applying:** Rachel Harding Memorial 4-H Scholarship

**SCHOLARSHIP APPLICATION RECOMMENDATION**

The above named individual is applying for a scholarship from the Blue River Community Foundation. Your recommendation is needed as part of the application process. The student has authorized you to release any information you feel would be helpful in reviewing his/her application. All recommendations are held in strict confidence and the information you provide will not be released to the applicant or the applicant's parents. You may either mail or deliver this form to the Blue River Community Foundation or deliver it to the applicant's school guidance office.

❖ **DEADLINE IS JANUARY 15**

1. What is your relationship with applicant?  
 Academic       Personal       Employer       Other (specify) \_\_\_\_\_
  
2. How long have you been acquainted with the applicant?  
 All his/her life       5-10 years       3-5 years       1-3 years       Other \_\_\_\_\_
  
3. I know the applicant:  
 Extremely well       Very well       Moderately well       Not well

| <u>Qualities</u>                            | Outstanding | Excellent<br>(top 10%) | Good<br>(above<br>average) | Average | Not<br>Satisfactory | Cannot<br>Evaluate |
|---------------------------------------------|-------------|------------------------|----------------------------|---------|---------------------|--------------------|
| Interest in academic & intellectual matters |             |                        |                            |         |                     |                    |
| Initiative in Academics                     |             |                        |                            |         |                     |                    |
| Intellectual ability                        |             |                        |                            |         |                     |                    |
| Leadership                                  |             |                        |                            |         |                     |                    |
| Disciplined work Habits                     |             |                        |                            |         |                     |                    |
| Communication Skills                        |             |                        |                            |         |                     |                    |
| Emotional maturity                          |             |                        |                            |         |                     |                    |
| Character & personal promise                |             |                        |                            |         |                     |                    |
| Concern for others                          |             |                        |                            |         |                     |                    |
| Overall                                     |             |                        |                            |         |                     |                    |

Signed: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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**LETTER OF RECOMMENDATION: Use the space provided below or you may attach one additional sheet.**

**(Please do not include recommendations from family members)**

Applicant's name: \_\_\_\_\_

**Recommendation:** Please discuss the applicant in terms of character, leadership, personal initiative, work habits, and any other attributes you think qualify them for the scholarship. Include any unique factors that make this applicant especially worthy of this scholarship or you may attach recommendation letters you have prepared for other purposes.

\_\_\_\_\_  
Name of person making recommendation

\_\_\_\_\_  
Relationship to applicant

\_\_\_\_\_  
Signature of person making recommendation

\_\_\_\_\_  
Phone Number

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**The person making this recommendation may either mail this form to the Blue River Community Foundation or deliver it to the applicant's school guidance office.**

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| <u>Qualities</u>                                       | Outstanding | Excellent<br>(top 10%) | Good<br>(above<br>average) | Average | Not<br>Satisfactory | Cannot<br>Evaluate |
|--------------------------------------------------------|-------------|------------------------|----------------------------|---------|---------------------|--------------------|
| <b>Interest in academic &amp; intellectual matters</b> |             |                        |                            |         |                     |                    |
| <b>Initiative in Academics</b>                         |             |                        |                            |         |                     |                    |
| <b>Intellectual ability</b>                            |             |                        |                            |         |                     |                    |
| <b>Leadership</b>                                      |             |                        |                            |         |                     |                    |
| <b>Disciplined work Habits</b>                         |             |                        |                            |         |                     |                    |
| <b>Communication Skills</b>                            |             |                        |                            |         |                     |                    |
| <b>Emotional maturity</b>                              |             |                        |                            |         |                     |                    |
| <b>Character &amp; personal promise</b>                |             |                        |                            |         |                     |                    |
| <b>Concern for others</b>                              |             |                        |                            |         |                     |                    |
| <b>Overall</b>                                         |             |                        |                            |         |                     |                    |

Signed: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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\_\_\_\_\_  
Name of person making recommendation

\_\_\_\_\_  
Relationship to applicant

\_\_\_\_\_  
Signature of person making recommendation

\_\_\_\_\_  
Phone Number

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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