



Request for 4-H Scholarship INVOICE

EP 10 - 9
FY4-H-638

3/5/2019

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Date of
Request

Mail Request To: Arkansas 4-H Office
2301 South University Avenue
Little Rock, AR 72204

Name of 4-H member:

Name of Scholarship:

Year the 4-H'er was awarded the scholarship:

Amount of Scholarship:
.....

Current or upcoming classification in school:

Name of School:

Student ID #
.....

Area of Study:

Institution where scholarship check should be mailed:

(complete mailing address of school and office where check should be mailed)

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Requestor's (4-H'er) signature

.....
Requestor's email

Requirements to receive scholarship funds

- ☐ Fully meet requirements of specific scholarship award
- ☐ Proof of enrollment attached
- ☐ Copy of donor thank you letter (for first semester requests)
- ☐ Transcript attached (for scholarships awards that are for multiple semesters)

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