



# JACKPOT SCHOLARSHIP

## Four Leaf Clover Foundation [www.4lcf.org](http://www.4lcf.org)

Submission Deadline April 30<sup>th</sup>

\$350 Scholarship Award

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To: JACKPOT Scholarship Applicant

As a graduating high school senior, or equivalent, and a member of the Santa Barbara County 4-H program you are eligible to apply for the JACKPOT Scholarship. This scholarship is administered by the Four Leaf Clover Foundation, a nonprofit public benefit corporation whose mission statement is, "To enhance, encourage, and support youth development through the Santa Barbara County 4-H program".

The JACKPOT Scholarship was founded in February 2006, as an annual recognition to encourage 4-H youth to remain involved in 4-H throughout their high school career.

### **Qualifications**

This scholarship was established for all 4-H members who have stayed actively involved in the Santa Barbara County 4-H program throughout their high school career, have earned their gold star, and plan to continue their education at a college, university, or technical school. Financial need is not a consideration for this scholarship. 4-H members may apply for additional FLCF scholarships, if qualified, but only one will be awarded per applicant.

Applicants must:

- Have been in the 4-H program all of their years in High School,
- Be a current member in good standing in a 4-H club in Santa Barbara County
- Have received or will be receiving this year the rank of Gold Star
- Mail the completed Scholarship application to the address below, and post marked no later than April 30<sup>th</sup>.

### **Application Checklist**

- Application complete and signed by applicant, parent, and 4-H Leader
- Mail application before April 30<sup>th</sup> deadline to:  
Four Leaf Clover Foundation - Scholarship Committee  
P.O. Box 451  
Los Alamos, CA 93440-0451

If you have any questions concerning this application or the JACKPOT Scholarship in general, please contact Mary Anne Christensen at (805) 344-4064 or [maclosalamos@aol.com](mailto:maclosalamos@aol.com)

### **Selection**

The JACKPOT scholarship award recipient's name will be drawn from the pool of names that apply by the due date. The award will be drawn and announced at County Exhibit Day. If possible, the award will be presented at the recipients's high school awards ceremony.

### **Funding**

Scholarship monies will be available to the recipient named by the Selection Committee upon verification of enrollment to an educational institution of his/her choice. It is the recipient's responsibility to provide proof of that enrollment to the above address.

Any recipient of Scholarship monies not completing his/her first semester or other term of work at the institution of his/her choice is required to return the money, in its entirety, to the Four Leaf Clover Foundation, within 60 days of the discontinuance, through the Foundation Treasurer. The EXCEPTION, in the discretion of the Four Leaf Clover Foundation, is when special circumstances apply and approval by the Four Leaf Clover Foundation Scholarship Committee is granted.



# Four Leaf Clover Foundation Scholarship

## Common Application [www.4lcf.org](http://www.4lcf.org)

Application for the year of \_\_\_\_ to \_\_\_\_ **SUBMISSION DEADLINE APRIL 30<sup>TH</sup>**

Check the box of all scholarships applying for:  Brian Worker  George Hughes  Service Learning  Jackpot

Name \_\_\_\_\_  Male  Female  
                    First                                      Middle Initial                                      Last

Permanent Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Birth date: \_\_\_\_\_

Daytime Phone ( ) \_\_\_\_\_ Evening Phone ( ) \_\_\_\_\_

E-mail: \_\_\_\_\_ Age: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Are you or your parents Four Leaf Clover Foundation Members?                      If yes, what years? \_\_\_\_\_

How did you hear about this scholarship? \_\_\_\_\_

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

Years in 4-H (in Santa Barbara County) \_\_\_\_\_

Years in 4-H (total) \_\_\_\_\_ Year joined 4-H: \_\_\_\_\_

Major Projects \_\_\_\_\_

High School Name \_\_\_\_\_

When will you graduate from high school (Month & Year) \_\_\_\_\_

For further education you plan to attend \_\_\_\_\_  
(College, University, Technical School, etc.)

Major \_\_\_\_\_

### CERTIFICATE

I certify that all information on this application is true, complete, and accurate to the best of my knowledge. I will be a full time student during the next school year. I authorize public acknowledgement of any scholarship I receive.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I have reviewed this application for a Scholarship administered by the Four Leaf Clover Foundation and I believe that the information contained is correct. I also certify that the above applicant is a Santa Barbara County 4-H member that has been in good standing throughout their high school career, and is currently still in good standing.

Applicant's Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Community Leader's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(other than parent)