Oklahoma 4-H Rule of Law Travel Scholarship Application

Applications for **the On The Road to Leadership** must be received in the 4-H Foundation office by **November 1, 2025**. Late or incomplete applications will not be considered for funding. Please email applications to ok4hfoundation@okstate.edu. Applications will only be received electronically- no mailed applications will be accepted.

Name _____ **County** _____

The Foundation reserves the right to consider an application submitted at any time. Further, any requirement in the application below related to an award based upon "extraordinary" facts or circumstances shall require the final approval by the Executive Director and Executive Committee of the Foundation. Upon a demonstration of extraordinary facts or circumstances, the Foundation reserves the right to increase the amount of a particular travel scholarship award up to 80% of the participant's estimated costs set forth above. Application does not guarantee financial award.

A 4-H member may generally win only one travel award per 4-H year. Travel awards will not add or detract from your ability to win other awards. If you are awarded a travel scholarship for a trip you do not take, the award money will be returned to the Rule of Law Fund. Rule of Law Travel Scholarships are to be based upon a demonstrated financial need.

A statement of applicant's financial need is required from the Extension Educator. Educators should include information that will help the Foundation determine financial need for the Rule of Law Travel Scholarship. Educator's statement will be limited to the given space on page 4. County Educators must sign BOTH pages 1 and 4. All 4 pages must be submitted to be considered a completed application.

I have prepared/reviewed this application and believe it to be correct:

Applicant_____ **Date** _____

Parent/Guardian _____ **Date** _____

By signing I am verifying this applicant is an enrolled 4-H member in good standing and is an active participant in the 4-H program.

Extension Educator _____ **Date** _____

Name (first, middle initial, last): _____

County: _____

Name of Parents or Guardians: _____

Complete home address: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: _____ Phone Number: _____

Email Address: _____

<u>Your Facts and Circumstances</u>

What do you hope to learn or gain from the experience of this out of state trip opportunity?

Please indicate why this travel scholarship will make it possible for you to attend this trip. Please include any circumstances that make this support important to you.

Are there any extraordinary facts or circumstances that you would like for the Foundation to be aware of when considering this application that you have not described above?

☐ **No**

☐ **Yes**

If "yes", please provide the extraordinary facts or circumstances that you would like for the Foundation to consider.

Financial and Additional Information Provided by Extension Educator

Please provide any information that might be helpful to the Foundation. Indicate any unusual circumstances that might affect the member's ability to participate without this scholarship. ***(You are not expected to check anyone's bank or tax records, but we need to know that this applicant's ability to participate may be affected by the availability of this travel scholarship).***

Indicate the level of financial assistance provided by the county, leaders association or booster club for the applicant to attend Citizenship Washington Focus. Indicate the total level of support from zero to full payment of the registration.

$ _____ Source(s) _____

Narrative Description of the Member's financial need and recommendation for the scholarship (use only the given space)

To the best of my knowledge the statements made above are true and correct concerning the financial need of the applicant.

Extension Educator's Signature _____ Date _____