



GRAND TRAVERSE COUNTY 4-H YOUTH LEADERS ASSOCIATION ADVISORY BOARD SCHOLARSHIP APPLICATION REIMBURSEMENT PROGRAM



ELIGIBILITY:

To be eligible for this scholarship, applicants must:

1. Be an active 4-H youth member or volunteer in Grand Traverse County.
2. Have a financial need that limits the ability to participation without assistance.
3. Only receive a maximum of 4 scholarships per year, scholarships may be limited based upon available funds.
4. Before the Event: Return completed application to:

MSU Extension 4-H
520 W. Front St., Suite A
Traverse City, MI 49684

Phone: 231-922-4825
Email: byesarah@msu.edu
5. Within two weeks of the event: submit supporting documents (hotel receipt, agendas, etc.) for reimbursement
6. Share their experience with others by attending the upcoming Grand Traverse County 4-H Leaders Association meeting or send a summary of what they learned through their experience.

PARTICIPANT:

Name _____ Years in 4-H _____

4-H Club(s) _____

Activity Attending _____ Date & Location: _____

Is the participant a member of the Northwest Michigan 4-H Livestock Council? No Yes

Has the participant applied for any other scholarships for this event? No Yes

If yes, list scholarships: _____

YOUTH PARTICIPANTS ONLY:

Please type or print legibly your answers to the following questions; attach extra pages if necessary.

1. What projects/activities have you participated in while involved with 4-H? Include number of years for each.

2. What new skills have you learned in 4-H?

3. Why do you want to participate in this activity?

4. What do you think you will learn? How will you use that knowledge in your club and community?

5. How will you help finance your portion of this opportunity? (examples: child care, lawn mowing, pop cans, etc)

REIMBURSEMENT GUIDELINES:

Registration Fee (eligible for direct activity payment):

- MSU Exploration Days, MSU events & 4-H sponsored events reimbursed up to 50% of the registration fee.
- Additional registration add on items or incentives are not included.

Lodging (reimbursement only):

- Hotel stipend is \$50 per room. An itemized receipt must be provided.
- Activity must be 100 or more miles away (one way) and start before 10:00 a.m. the next morning.
- Activities that include lodging in the price are excluded from additional reimbursement.

PARTICIPANT:

	Estimated Total Cost	Scholarship Amount	
Registration Fee	\$ _____	\$ _____	<input type="checkbox"/> Request direct activity payment
Lodging	\$ _____	\$ _____	
TOTAL COST	\$ _____	\$ _____	FINAL APPROVED AMOUNT

REIMBURSEMENT: Please provide a payee name below. A check will be mailed to the address on file in 4-H Online.

Name _____ Phone _____
Print Name

Signature (person submitting request) Date Email

4-H STAFF USE ONLY

Approved By & Date:	Check Sent Date:
Supporting Documents – Received Date & Type:	Shared Experience - Type With Date Completed:

Effective 2/23/2026