**Bea Porath Memorial Scholarship Requirements**

***In Loving Memory of Bea Porath, an outstanding leader.***

Dear applicant,

The Bea Porath Memorial Scholarship is presented to an active 4-H member participating in Gymkhana who is a recent graduating senior from 2021 and has been accepted to an accredited college or university for the 2021-2022 academic school year. The scholarship award is $500. The scholarships will be presented at the Cass County Fair Horse Award Ceremony on Saturday, August 7th in the light horse show arena.

**Application Criteria:**

1. Must have been a member of the graduating class of 2021.
2. Must be accepted to attend an accredited college or university for the 2021-2022 academic year.
3. Must be an active 4-H member.
4. Must be registered and participate in the gymkhana events at the Cass County Fair of the current year.
	1. These events include: Keyhole

Speed & Action

Kegs

Poles

Flags

Cloverleaf

**The applicant is requested to provide the following items:**

1. Completed general information pages.
2. One recommendation letter from a leader that can attest to your involvement in 4-H (this can be a leader from any club).

An application will only be considered if the applicant participates in all Gymkhana events. Submit the completed document via e-mail, fax, or in the Cass County MSU Extension office by the application deadline. The winner of this scholarship will be the highpoint gymkhana senior that applied for the scholarship.

**APPLICATION DEADLINE – JULY 2ND**

**Bea Porath Memorial Scholarship Application**

Return by **July 2nd** of current year to: MSU Extension Cass County

ATTN: 4-H Horse Leaders’ Scholarship

120 N. Broadway St., Suite 116

Cassopolis, Michigan 49031

**General Information**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_

 *Last First M.I.*

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*City State Zip*

Telephone: (\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Legal Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: (\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_

High School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

College Attending: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Major: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expected Date of Degree Completion: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address of university/college scholarship office:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Office name*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *City State Zip*

4-H Club: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Years Participating in 4-H: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

***I authorize that I have read and understand the requirements of this scholarship application. If at some point, these requirements are not upheld, I understand I will not be granted this scholarship.***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Signature Date*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Parent Signature (if applicable) Date*