

**DAVE ELDRIDGE M.D. MEMORIAL SCHOLARSHIP
APPLICATION**

(Achievement)

\$150.00

Please return to:
Fall River County Extension Office
709 Jensen Hwy, Suite B
Hot Springs SD 57747

Please attach High School
Grade Transcript

Please type or use black ink.

Student's Name _____ Age _____

Address _____ Telephone _____

Parent's Name _____ Telephone _____

Address _____

High School Attending _____

High School Activities in which you participate _____

Honors received in high school _____

Number of years enrolled in 4-H _____

Offices held in 4-H _____

Honors and medals received in 4-H _____

Community/Volunteer activities, past and present _____

What are your professional goals? _____

What college or school do you plan to attend? _____

What is your intended major in college or Vo-tech school? _____

Return this application with your complete 4-H book/journal, Accumulative Report and 4-H Story stressing what you have achieved through your 4-H career. This would include projects completed, leadership, judging schools, demonstrations, or anything you want to include to stress 4-H achievement. (This story is separate from the one you have in your 4-H Record Book).