

Request for Scholarship Payment

Date of Request

Attention:

Linda Lowery
Georgia 4-H Foundation
Hoke Smith Annex
The University of Georgia
Athens, GA 30602-4356

For State 4-H Office Use Only:

- Requirements Met
- Check Requested
- Check Mailed/Date _____

I would like to request the _____ Scholarship for
(Name of Scholarship)

_____, who received the scholarship in _____
(Name of 4-H'er) (Year)

for the amount of _____. This student has successfully completed the
(\$ Amount)

semester/quarter with a GPA of _____. She/he is currently enrolled as a
(GPA)

_____ at _____ in the concentrated area
(School Term/Year in School) (Name of College/University)

of study _____. I recommend that the scholarship award be issued in
(Declared Major/Field of Study)

accordance with the conditions prescribed.

Sincerely,

County Extension Agent

_____ County

Checklist of Requirements to Receive Scholarship Funds:

(Please include all items listed below to be approved for payment of scholarships.)

- Fully Met Requirements of Specific Scholarship Award
- Transcript Attached (official copy)
- Currently Enrolled
- College/School and Area of Study Indicated Above
- Copy of Donor Letter Attached