

NATHAN A. BLIZZARD 4H-FFA SCHOLARSHIP

Established 1998

His dream will be carried on....



IN LOVING MEMORY OF OUR SON

Application Due: **April 15 of current school year**

Mail to: Community Foundation of Carroll County
255 Clifton Blvd., Suite 203
Westminster, MD 21157

- **Eligibility requirements:**
 - Be a current or former 4-H or FFA member in Carroll County.
 - Be a graduating senior or a high school graduate.
 - Be accepted at or already attending college or post-secondary school.
- **Selection will be based on:**
 - 4-H or FFA accomplishments, participation, financial need, and high school grades.
 - Candidates must furnish a transcript of high school grades.
 - Decision of the Selection Committee will be final.
 - Candidates will be interviewed.
 - The Selection Committee may decide not to award a scholarship if there are no qualified applicants.
- This scholarship may only be awarded once to each individual.
- Recipient will be recognized at the Livestock Auction at the Carroll County 4-H Fair. The winner will be contacted for specific details.
- Applicants will be notified of the interview schedule.
- Applications are available from the **Carroll County 4-H Office, 700 Agriculture Center, Westminster, MD, 21157; Community Foundation of Carroll County; and all Carroll County High School Guidance Offices.**

NATHAN A. BLIZZARD 4-H/FFA SCHOLARSHIP APPLICATION

Application due: May 1st of current school year
Mail to: Community Foundation of Carroll County
255 Clifton Blvd., Suite 203
Westminster, MD 21157

APPLICANT INFORMATION

Student Name: _____

Telephone Number: _____

Address: _____

Date of Birth: _____

Soc. Sec. No.: _____

Years as 4-H or FFA Club Member: _____

I have carried these 4-H/FFA projects:

Offices held in 4-H or FFA:

Major 4-H/FFA achievements:

Community Service activities and achievements:

HIGH SCHOOL AND COLLEGE INFORMATION*

Name of high school attended: _____

Month and year graduated: _____

Name of college or technical school and location you are planning to attend:

Course of study you are planning to pursue:

Have you been accepted? Yes No

Recommendation from high school teacher, vice principal, or principal:

Name and Title:

Telephone Number:

Recommendation from community leader:

Name:

Telephone Number:

The undersigned verifies that the above information is true.

Signature of Parent/Guardian

Date

Signature of Applicant

Date

A Scholarship Fund of the Community Foundation of Carroll County, Inc.

The MD Cooperative Extension Service's programs are open to all citizens without regard to race, color, sex disability, religion, age, or national origin.

