



**PATTI JEANNE HIGGINS 4-H SCHOLARSHIP  
APPLICATION GUIDELINES**

Completed Application due on or before March 1, 2023



- 1) The scholarship shall be for one year, available to high school seniors or persons enrolled in the first year of college, university, technical or vocational school.
- 2) Two (2) \$500 scholarships will be awarded each year.
- 3) Applicant must be a resident of Mercer or Warren County.
- 4) Applicant must have been actively involved in 4-H for a minimum of three (3) years.
- 5) Preference will be given to applicants who are or were a member of the Alexis All-Star 4-H Club.
- 5) Applicant may attend any college, university, technical or vocational school.
- 6) Applicant is required to verify acceptance to or present enrollment at a college or university prior to receiving the grant.
- 7) Applicant shall be required to submit a written application, which will be provided.
- 8) The selection committee will make its decision by May 1, 2023.

In addition to eligibility guidelines, the following will be considered in selecting recipients:

- 1) Scholarship      Academic performance and honors  
                            Rank in class  
                            ACT score
- 2) Financial need
- 3) Character and personality: Consideration shall be given to maturity; industriousness and motivation; intellectual interest; moral character; and demonstrated leadership.

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**UPON COMPLETION OF THIS APPLICATION, MAIL APPLICATION FORM,  
TRANSCRIPTS AND PERSONAL REFERENCES TO:**

**PATTI JEANNE HIGGINS 4-H SCHOLARSHIP**  
c/o Mercer County Extension Office  
910 13th Street  
Viola, IL 61486

Telephone: 309/513-3100

FAX: 309/513-3101

**Application is also available on-line at <http://web.extension.illinois.edu/hmrs/>**



**PATTI JEANNE HIGGINS 4-H SCHOLARSHIP**

**APPLICATION**

MERCER COUNTY EXTENSION OFFICE  
910 13th STREET  
VIOLA, ILLINOIS 61486



PLEASE TYPE OR PRINT NEATLY

DATE \_\_\_\_\_

**SECTION 1. GENERAL INFORMATION**

Name \_\_\_\_\_

Home Address \_\_\_\_\_  
(Street/ Box #) (Town & State) (Zip Code)

Home County \_\_\_\_\_ Phone \_\_\_\_\_  
(area code) (number)

E-mail Address \_\_\_\_\_

Gender:  male  female

High School Attended \_\_\_\_\_ Graduation Date \_\_\_\_\_

College, University, Technical or Vocational School Accepted or Attending \_\_\_\_\_  
\_\_\_\_\_

What will be (or is) your major area of study? Please be specific. \_\_\_\_\_

Father's Full Name \_\_\_\_\_

Mother's Full Name \_\_\_\_\_

**SECTION 2. ACADEMIC INFORMATION**

What is your high school GPA? (Enclose Transcripts) \_\_\_\_\_

What is your high school class rank? \_\_\_\_\_  
(your rank) (# in graduating class)

What was your composite ACT score? \_\_\_\_\_ or SAT score? \_\_\_\_\_

What high school and/or college academic honors have your received? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION 3. ACTIVITIES** (attach an additional page, if necessary)

A. Identify the name of the 4-H Club that you are or were a member of: \_\_\_\_\_

List the years that you were a member of this 4-H Club: \_\_\_\_\_

List the officer positions you held in the 4-H Club, other positions of leadership and activities you participated in:

Officer/Leadership Position	Dates of Involvement	Activities

Briefly summarize your experience as a member of the 4-H Club: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

B. List the activities in which you have participated in high school and/or college. Indicate offices held and positions of leadership you have held as well as any honors you have received based on your participation.

Activity	Leadership/Officer	Dates of Involvement

C. List church, civic or community activities.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

D. What are your educational and professional goals and objectives.

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**SECTION 4. PERSONAL REFERENCES**

Please have two adult 4-H leaders from your 4-H Club complete the enclosed Personal Reference forms. The **references may not be relatives of the applicant.** The completed Personal Reference forms shall not be attached to this application, but must be **mailed directly to the Scholarship Committee.**

Please list below the name and phone number of each personal reference:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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I hereby certify that to the best of my knowledge, the above information is correct and complete.

Student's signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian's signature \_\_\_\_\_ Date \_\_\_\_\_

**APPLICATION DEADLINE IS March 1, 2023**

Please return the completed application and a copy of your high school transcript to the scholarship committee at the following address:

**Patti Jeanne Higgins 4-H Scholarship**  
c/o Mercer County Extension Office  
910 13th Street  
Viola, IL 61486



**PATTI JEANNE HIGGINS SCHOLARSHIP**  
***PERSONAL REFERENCE***



Name of Scholarship Applicant: \_\_\_\_\_

1. Describe how you know the Applicant.

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

2. Describe the character traits of the applicant you have observed.

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

3. Describe why you believe the applicant should be awarded a **Patti Jeanne Higgins Scholarship**.

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

Signature: \_\_\_\_\_

Name (printed): \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Please return this completed form in a sealed envelope directly to the scholarship committee at the following address:

**Patti Jeanne Higgins 4-H Scholarship**  
c/o Mercer County Extension Office  
910 13th Street  
Viola, IL 61486

**APPLICATION DEADLINE IS**  
**March 1, 2022**

*Application is also available on-line*



**PATTI JEANNE HIGGINS 4-H SCHOLARSHIP  
PERSONAL REFERENCE**



Name of Scholarship Applicant: \_\_\_\_\_

1. Describe how you know the Applicant.

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2. Describe the character traits of the applicant you have observed.

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3. Describe why you believe the applicant should be awarded a **Patti Jeanne Higgins Scholarship**.

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Signature: \_\_\_\_\_

Name (printed): \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Please return this completed form in a sealed envelope directly to the scholarship committee at the following address:

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