

**Robert Bunn Sr. Equine Medical Scholarship Award Application  
Kent County 4-H Youth Program**

This completed application and other required elements are due by June 1<sup>st</sup> of the current year.  
Please type or print information.

First Name \_\_\_\_\_ Initial \_\_\_\_\_ Last Name \_\_\_\_\_

Permanent Address \_\_\_\_\_  
\_\_\_\_\_

Phone(s) \_\_\_\_\_ Email \_\_\_\_\_

Parent or Guardian name(s) \_\_\_\_\_

Parent's phone(s) \_\_\_\_\_  
Home cell

High School \_\_\_\_\_ Graduation date \_\_\_\_\_

College (if applicable) \_\_\_\_\_

Name of schools applied to:

- |          |              |             |                |
|----------|--------------|-------------|----------------|
| 1. _____ | 4 year _____ | Other _____ | Accepted _____ |
| 2. _____ | 4 year _____ | Other _____ | Accepted _____ |
| 3. _____ | 4 year _____ | Other _____ | Accepted _____ |

Intended Major / Field of study \_\_\_\_\_

Years in 4-H \_\_\_\_\_ Club Name(s) \_\_\_\_\_ County \_\_\_\_\_  
Club Name(s) \_\_\_\_\_ County \_\_\_\_\_

List participation in the 4-H horse project area.

List participation in the 4-H vet science project area.

List regional or state participation in either area.

List non-4-H participation in vet science and horse programs.

Describe involvement in other 4-H learning experiences and projects.

Describe your 4-H leadership and achievement.

Describe your non-4-H leadership and achievement.

List your work experience.

Describe immediate educational goals.

Please comment on what you see as your future role in equine veterinary science.

**Statement of certification:** (incomplete application will not be considered)

I have personally prepared this application and believe it to be correct and complete.

\_\_\_\_\_  
*Applicant's signature*

\_\_\_\_\_  
*Date*

I give permission to release my high school or college transcripts to the scholarship selection committee. I understand that the Robert Bunn Sr. Equine Medical Scholarship of Kent County 4-H may publish my name and photograph if I am awarded this scholarship.

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Applicant's Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Parent's Signature (If member is under age18)*