

# THE DANIELLE K. KNELL MEMORIAL 4-H SCHOLARSHIP

*Established 2010*

**Purpose.** The purpose of this scholarship is to honor the life of DANIELLE K. KNELL by providing scholarship(s) for college bound students in Carroll County, Maryland who have shown academic achievement and participated in the Carroll County 4-H Horsemanship Programs and who have been accepted at an accredited College, University or Technical School. Applications will also be accepted from continuing students i.e. those already in college from the Carroll County 4-H Horsemanship Programs who meet the criteria established for this scholarship.

\*\*\*\*\*

**Application due:** July 1<sup>st</sup>  
**Mail to:** Community Foundation of Carroll County  
255 Clifton Blvd., Suite 313  
Westminster, MD 21158

\*\*\*\*\*

## 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 and location you are planning to attend:

\_\_\_\_\_

Course of study you are planning to pursue:

---

Have you been accepted?

Yes

No

Please indicate your class in college in September:

Freshman

Sophomore

Junior

Senior

### **SCHOLARSHIP INFORMATION**

In your own words, state why you want to attend college .

---

---

---

---

---

State why you need or desire scholarship assistance.

---

---

---

---

---

Do you hold any other scholarship for the school year?

Yes

No

Have you held a scholarship prior to the date of this application?  Yes

No

If yes, name scholarship: \_\_\_\_\_

**\*Attach unofficial high school/college transcript to this application.**

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.

