

# St. Clair County 4-H Horse Leaders Scholarship 2026 APPLICATION FORM

*Please print & use black ink.*

NAME \_\_\_\_\_  
(Last) (First)

STREET ADDRESS \_\_\_\_\_

CITY AND ZIP CODE \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_ DOB \_\_\_\_\_

COURSE OF STUDY \_\_\_\_\_

INSTITUTION \_\_\_\_\_

## **In addition to this completed page application must include:**

- ☐ Copy of acceptance letter from college, vocational or technical school, Blue Water Middle College or proof of enrollment for the fall semester of application year.
- ☐ An **OFFICIAL CURRENT copy of high school or college transcript**. If an official copy is not available, then a signed letter stating why from current school must be submitted along with the unofficial copy. (Principal, Dean or Counselor)
- ☐ **SIGNED** letter of recommendation from a current counselor or teacher.
- ☐ **SIGNED** letter of recommendation from current 4-H horse project leader.
- ☐ List of participation in the SCC 4-H horse project area and activities (i.e. Winter Achievement, State Awards, Horseless Horse, clinics, Horse Judging) and any committee involvement.
- ☐ List of school, church and community involvement and service.
- ☐ Completed MESP form.
- ☐ Applicant must be available on the third Tuesday in June for an in-person interview (*June 16, 2026 is the interview date*).
- ☐ Essay: 700 – 900 words ***“Describe your academic and career goals and how your involvement in 4-H has influenced them? How will this scholarship specifically help you achieve these aspirations?”***

HIGH SCHOOL OR COLLEGE ATTENDED: \_\_\_\_\_

DATE OF HIGH SCHOOL GRADUATION: \_\_\_\_\_ Official GPA: \_\_\_\_\_

I have personally prepared this application and believe it to be correct and complete (incomplete application will not be considered).

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

***Please mail or hand deliver requirements to the MSU Extension Office, 200 Grand River Ave, Suite102, Port Huron MI 48060 APPLICATION DUE ON OR BEFORE JUNE 1<sup>ST</sup>***

The St Clair County 4-H Horse Leaders Memorial Scholarship is given to 4-H horse project members planning to enroll in an institution of higher learning, such as a college, vocational, or technical school. The scholarship money is deposited into an MESP account that can be applied to tuition or book costs.

**The following requirements MUST be met:**

1. Applicant must be a current active St. Clair County 4-H member enrolled in the horse project area participating in fair for at least the last 3 years.
2. *All materials submitted must be in original form. No faxes, copies, etc.*
3. Application forms must be complete.
4. Applicant may apply annually, beginning their senior year of high school (or equivalent). Any monies awarded will be deposited directly into a MESP account.
5. Applicants must have an active MESP account. To create your account please visit [www.Misaves.com](http://www.Misaves.com) or call 1-877-861-6377. This must be done prior to application deadline. A completed MESP account form (included in this application) must be turned in at time of application.

**THE SCHOLARSHIP SELECTION COMMITTEE IS COMPRISED OF FIVE 4-H HORSE PROJECT LEADERS.**

All scholarship moneys awarded at the discretion of the committee. Applications will be returned only at the request of the applicant and only within 30 days after the announcement of the awards.

Applications scored by the following criteria per judge:

- |  |           |
|--|-----------|
| • Involvement in SCC 4-H Horse Project | 30 points |
| • GPA                                  | 10 points |
| • School/Church/Community Involvement  | 10 points |
| • Other 4-H Participation              | 15 points |
| • Letters of Recommendation            | 30 points |
| • Essay                                | 30 points |
| • Interview / Appearance               | 50 points |

*175 total points*

Interviews granted at the discretion of the committee based on scoring. Incomplete applications will not be accepted. An email notification will be sent to those applicants granted an interview. Applicants granted an interview will be contacted with their time. No phone interviews allowed (interview is in person). Every interviewee must make himself or herself available for the interview time to be eligible. Interviews will be held on Tuesday, June 16, 2026 in the evening. Winners will be announced at Presentation Parade during fair.

**APPLICATIONS DUE ON OR BEFORE JUNE 1<sup>ST</sup> – NO LATE APPLICATIONS ACCEPTED!**

## Michigan Education Savings Program

### **Additional Contribution**



- Use this form to make additional contributions to your Michigan Education Savings Program Account by check or rollover.
- For your contribution to be invested, you must print clearly all required information and include a check payable to **Michigan Education Savings Program** for an amount matching the amount below.
- Type in your information and print out the completed form, or print clearly, preferably in capital letters and black ink. Mail the form to the address listed. Do not staple.
- For faster processing, you can complete this request online at **[misaves.com](https://misaves.com)**.

**Note:** Your contribution will be invested according to the Allocations for Future Contributions at the time this form is received in good order.

To request assistance in completing this form call us at **1.877.861.6377**, Monday through Friday from 8 a.m. - 8 p.m. ET.

 **1.877.861.6377**  
Monday to Friday 8 a.m. - 8 p.m. ET



**www.misaves.com**

Regular mailing address:  
**Michigan Education Savings Program**  
**P.O. Box 55451**  
**Boston, MA 02205-5451**

Overnight mailing address:  
**Michigan Education Savings Program**  
**95 Wells Avenue, Suite 155**  
**Newton, MA 02459**

## 1. Account Information

$$\square\square\square\square\square\square\square\square - \square\square$$

Account Number (Include your Account number on your check.)

Account Owner (First name) (M.I.)

Account Owner (First name)

[illegible]

Account Owner (Last name)

[illegible]

Beneficiary (First name)

[illegible]

Beneficiary (Last name)



\* M I D I R E C T A D D I T I O N A L C O N T R I B \*

2.

**Source of funds** (Check all that apply.)

- A. ☐ **Check.** Make check payable to **Michigan Education Savings Program**. Include your check with this **Additional Contribution Form**. Personal checks (excluding starter checks), bank drafts, teller's checks, cashier's checks, checks issued by a financial institution or brokerage firm payable to you and endorsed over to the Program by you, and third-party personal checks up to \$10,000 endorsed over to the Program are accepted.

\$    ,   .

Amount

- B. ☐ **Indirect Rollover.** A check is included from another 529 program, Coverdell Education Savings Plan, or U.S. Savings Bond that was redeemed within the last 60 days. You must provide an account statement from your former account or IRS form 1099-INT or 1099-Q showing the contribution and earnings portion of the redemption. If these forms are not provided, the entire amount will be treated as earnings. By law, rollovers between 529 programs with the same Beneficiary are permitted only once every 12 months.

[illegible]

Amount of Rollover

[illegible]

Principal (Basis)

\$    ,   .

## Earnings

**Note:** Contributions will be rejected and returned to the extent that they cause the aggregate market value of all accounts in the Program for the same Beneficiary to exceed the Maximum Contribution Limit. Please refer to the Program Description for more information.

**A note about Uniform Gift to Minors/Uniform Transfers to Minors Accounts (UGMA/UTMA):** If your contribution check represents proceeds from an UGMA/UTMA account, those funds can only be deposited into another UGMA/UTMA account for the same Beneficiary, subject to applicable law governing such accounts.