

To be filled out by the CEA and signed by both the CEA and applicant.



# County Extension Agent Verification Form

Applicant Name: \_\_\_\_\_

CEA Name : \_\_\_\_\_ CEA Email: \_\_\_\_\_

County: \_\_\_\_\_

Club: \_\_\_\_\_

Years Enrolled in 4-H: \_\_\_\_\_

Is currently enrolled in 4-H?      Yes      No

Enrolled in at least 2 of the last 3 years?      Yes      No

I have reviewed this application, and to the best of my knowledge the information reported is true and accurate.

-OR-

I have reviewed this application and believe that some or all of the information is **NOT true or accurate.**

CEA Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Signature : \_\_\_\_\_ Date: \_\_\_\_\_

**This form must be filled out and signed by the CEA, then uploaded into the scholarship portal by the applicant BEFORE submitting the application by the February 15th deadline.**

*This form will not be seen by scholarship judges. This form is solely for use by Texas 4-H Foundation and Texas 4-H Program Staff.*