



**JOHN B. RILEY ACADEMIC SCHOLARSHIP**

**Virginia Cooperative Extension and Augusta County 4-H**



**Recipient:** \_\_\_\_\_

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

**Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Parents/Guardians:** \_\_\_\_\_

**Amount Awarded (to be filled out by 4-H Agent):** \_\_\_\_\_

Higher Education Institution Name: \_\_\_\_\_

Registrar Contact Person and Address:

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

Student ID: \_\_\_\_\_

Additional Comments:

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

Submit this form with your scholarship application by May 15<sup>th</sup> to:

Virginia Cooperative Extension  
Emmalee Edwards, 4-H Agent  
PO Box 590  
13 Government Center Lane  
Verona, VA 24482