



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 April 15th to:

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