4-H Camp Scholarship Application

Due to Extension Office by May 1st

CHILD'S NAME:_____ **AGE:** _____

ADDRESS:_____

PHONE NUMBER:_____ **CLUB:**_____

CAMP REQUESTED: ____ Cloverbud ____ 3rd, 4th, and 5th
____ 6th, 7th, and 8th ____ Teen

HAS CHILD ATTENDED 4-H CAMP BEFORE? (Circle one) YES NO

HAS CHILD USED 4-H CAMP SCHOLARSHIP BEFORE? YES NO (year _____)

Please use the following space to explain the child's situation and financial need. Be specific. You may also write on the back of this sheet.

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_____ _____
Advisor Signature Date

*** No child is guaranteed a full scholarship. Due to the volume of applicants, most scholarships that are granted are only partial scholarships.*