

CAMPERSHIP APPLICATION

--REVISED--

*If you would like to be considered for financial assistance to attend camp please complete this form and return to the Extension Office by **May 1, 2019 along with a \$10 Deposit***

APPLICANT INFORMATION: (To be filled out by 4-Her)

Name: _____

Club _____

Mailing address: _____

City: _____

Age _____

State: _____

Zip: _____

Phone # _____

How long have you been in 4-H? _____

Grade in school _____

This year I will be attending: _____ 3rd, 4th, and 5th grade Camp (May31 – June 5)
_____ 6th, 7th, and 8th grade Camp (June 6 - 14)
_____ Teen Camp (June 14-16)

Did you attend summer camp last year? (circle one) YES NO

How many years have you attended summer camp? _____

Do you have siblings attending 4-H Camp this summer? (circle one) YES NO

If Yes how many _____

Why do you want to go to 4-H Camp?

4-HERS SIGNITURE _____

PARENT or GUARDIAN SIGNATURE _____

PARENT or GUARDIAN NAME (please print) _____

Family Financial Information (To be completed by parent or guardian)

How many people live in the home with the applicant _____ brothers

_____ sisters

_____ adults

Do your children qualify for the assisted lunch program at their school? ____yes ____no

Would a 50% fee scholarship allow your youth to attend camp? ____yes ____no

Are there any special circumstances the selection committee should be aware of in regards to the camp scholarship program.

OFFICE USE ONLY:

Date received : _____

Amount of help Requested _____

4-Her Notified _____

Amount Awarded _____
