

**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, 2023 along with a \$10 Deposit***

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

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

Club \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_

Age \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone # \_\_\_\_\_

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

How long have you been in 4-H? \_\_\_\_\_

Grade in school \_\_\_\_\_

This year I will be attending: \_\_\_\_\_ 3<sup>rd</sup>, 4<sup>th</sup>, and 5<sup>th</sup> grade \*Beginner\* Camp (June 12-15, 2023)\_\_\_\_\_ 6<sup>th</sup>, 7<sup>th</sup>, and 8<sup>th</sup> grade \*Jr. High\* Camp (June 26-29, 2023)

\_\_\_\_\_ \*Teen\* Camp (June 16-19, 2023)

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?

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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.

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**OFFICE USE ONLY:**

Date received : \_\_\_\_\_

Amount of help Requested \_\_\_\_\_

4-Her Notified \_\_\_\_\_

Amount Awarded \_\_\_\_\_

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