

4-H Camp Scholarship Form – Champaign County - Due May 15th to Extension Office

All information will be kept confidential and only seen by the selection committee.

Complete front and back of form.

Name of Camper _____ Age _____

Address _____

City, Zip Code _____ Phone Number: _____

Club Name _____

Parent's Name _____

2.

Has this member been to 4-H Camp before? Y or N If yes, how many times? _____

Have you received a scholarship in the past? Y or N If yes, when? _____

_____ # children in family _____ # children going to camp Single parent family? Y or N

1. Briefly explain why this youth should be given a 4-H camp scholarship: (use separate page if necessary)

2. Would this youth be able to attend 4-H camp without a scholarship assistance? (Y/N) Explain (use separate page if necessary)

[Type here]

List Advisor's name & phone number and 1 non-relative reference:

1.Name: _____ Phone: _____

2.Name: _____ Phone: _____

OFFICE USE ONLY:

Scholarship Awarded _____yes _____no Amount Awarded: _____

Reason not Awarded: _____

Family notified: Date: _____ Time: _____

