

# 4-H Camp Scholarship Application

*2025 Camp Fee is \$350*

Potential Camper Full Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

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

Phone number: \_\_\_\_\_

Camper's Current Grade in School: \_\_\_\_\_ Birthdate (m/d/y): \_\_\_\_\_

## Family Questions:

Are you eligible for SNAP/EBT? \_\_\_\_\_ Are you eligible for WIC? \_\_\_\_\_

How many are in your family? \_\_\_\_\_

How many are school age youth? \_\_\_\_\_ How many are 4-H camper age? \_\_\_\_\_

Request: Full Scholarship \_\_\_\_\_ Half Scholarship \_\_\_\_\_ Either \_\_\_\_\_

Family Reference (Name and Phone Number):

\_\_\_\_\_

Other information you would like to share:

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**Potential 4-H Camper:** Why do you want to go to 4-H Camp?

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Return to 4-H Office: P.O. Box 237, 110 Broadway, La Center, KY 42056

270-665-9118

By: March 14, 2025