



**4-H Camp Scholarship Application
Due May 9, 2019**

Name _____

Address _____

4-H Club _____

Phone _____ Age as of January 1st _____ Grade in School _____

I understand that if my son or daughter is selected to receive a scholarship, I am responsible for providing transportation. I understand that I am responsible for the remaining amount not covered by the scholarship. Scholarship Amount Requested \$ _____ 4-H Committee makes the final decision on how much each person receives if awarded.

_____ (Signature of parent/guardian)

Camp Scholarship Applying For:

_____ Cloverbud Overnight: June 21-22 - \$65.00 (1 child/1 adult) \$35 each additional child or adult

_____ Grades 3-5 Beginner Camp: June 10 - 13 - \$147.00

_____ Grades 6-8 Jr. High Camp: June 18 - 21 - \$147.00

_____ Grades 9-12 Teen Camp: June 14 - 17 - \$151.00

_____ Jr. Shooting Sports Education Camp Ages 9-12: June 28 - 30 - \$225.00 before May 25 &
\$275.00 after May 25

_____ Sr. Shooting Sports Education Camp Ages 12-18: July 14 - 19 - \$325.00 before June 10 &
\$425.00 after June 10

_____ State Special Needs Camp: July 5-7 - \$125.00 (youth/caregiver)



Why does your child need a scholarship? (Please give examples, such as loss of job in family, education expenses, medical bills, etc.)

I have attended 4-H camp previously _____ YES _____ NO
if yes how many years _____

I have previously received a camp scholarship? _____ YES _____ NO

If YES Number of times _____ Latest Amount received and year _____

I understand as a representative for Highland County 4-H, I am expected to adopt conduct that is appropriate. This includes no use of illegal drugs or alcohol. I will do my utmost to represent Highland County well at the events I have chosen and will adhere to rules governing the event that I attend. I also give permission to use photographs of the event and other activities that come from my trip.

Member Signature

Parent/Guardian Signature