**4-H CAMP SCHOLARSHIP APPLICATION**

Due: May 20th to the Morgan County Extension Office

1. Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Last First MI

1. Age:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthday:\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Street/Road/Box# City Zip

4. Home Phone#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number in Family:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. How many in the family will be attending 4-H Camp?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Is family receiving public assistance? Yes\_\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_\_\_\_

7. Ethnic Group: White\_\_\_\_\_\_ Black\_\_\_\_\_ Am. Indian\_\_\_\_\_ Other\_\_\_\_\_

8. Parent’s/Guardian’s Full Names and Addresses:

9. List any 4-H Clubs you are a part of:

10. List any 4-H projects enrolled in this year or activities participated in:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

11. Have you been to 4-H Camp? Yes\_\_\_\_ No\_\_\_\_\_

 If yes, how many years?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

12. If you do not receive a scholarship for camp this year would you still be able to attend?

 \_\_\_\_\_\_\_ Yes \_\_\_\_\_\_\_No

13. Why do you want to go to camp? Plus why do you feel you should be awarded a scholarship to attend 4-H Camp.

CERTIFICATION OF APPLICANT: I do hereby certify that the information contained herein is correct, plus I do understand there are no guarantees of my child receiving a partial scholarship.

Applicant’s Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_