



# 2024 4-H CAMP SCHOLARSHIP APPLICATION

For Office Use Only
Date Submitted: _____
Camp Deposit Paid? _____
Amount Paid _____

**\*Deadline to apply: March 1, 2024 (or when all camp spots are filled)**

Child's Name: \_\_\_\_\_ Phone No. \_\_\_\_\_

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

Additional child to be considered for scholarship \_\_\_\_\_

Name of parent or guardian(s): \_\_\_\_\_  
(List only those with which the child lives)

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

Child's Age and Birthdate: \_\_\_\_\_

School Attending: \_\_\_\_\_ Grade Completing: \_\_\_\_\_

List all Members of the household and ages: \_\_\_\_\_

\_\_\_\_\_

Do you receive food stamps? \_\_\_\_\_ If so, **attach a copy of your food stamp letter.**

What is the household's source of income? Please list all sources including any assistance.

\_\_\_\_\_

Average monthly income for the household: \_\_\_\_\_

\*must provide proof of income for the previous month\*

List and describe any events or situations which have occurred over the past year that help to demonstrate your need for a camp scholarship. \_\_\_\_\_

\_\_\_\_\_

Generally, FULL camp scholarships are NOT offered. Scholarships are only offered in partial amounts in order to have some commitment from the family and to help more families. How much do you feel you can pay per child toward the 4-H Camp fee? \_\_\_\_\_

Has your child been involved in 4-H? If so, please describe involvement.

\_\_\_\_\_

\_\_\_\_\_

How did you find out about 4-H Camp and the scholarships available? \_\_\_\_\_

Has your child (or a sibling to this child) previously received a 4-H Camp scholarship? \_\_Y \_\_N

If so, how many 4-H Camp Scholarships have been awarded to this family in previous years. \_\_\_\_\_

Total amount of previous camp scholarship assistance awarded to this family \_\_\_\_\_

**Return to: Misty Wilmoth, LaRue County Extension Service  
P.O. Box 210, Hodgenville KY 42748-0210**

*-Priority is given to first time applicants*

*-Maximum of two scholarships awarded per family per year*

*-Proof of income or a copy of your food stamp letter, if applicable, is required for consideration*

<b>Office Use</b>
Scholarship Amount Awarded _____
Declined _____