



2025 4-H CAMP SCHOLARSHIP APPLICATION

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

***Deadline to apply: March 3, 2025 (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

Office Use
Scholarship Amount Awarded _____
Declined _____