

The scholarships are intended to encourage youth who are low-income to attend 4-H Camp.

This form must be submitted by the due date listed for each camp.
Please return to the Ada County Extension, 5880 Glenwood Ave., Boise, ID 83714

_____ June Kid's Camp June 19-22 **(DUE JUNE 5th)** please indicate if partial or full scholarship is needed

Please indicate type of Scholarship needed: *Partial* ___ *amount needed?* ___ *Full* ___

_____ Teen Camp July 6-10 **(DUE JUNE 26th)**

Please indicate type of scholarship needed: *Partial* ___ *amount needed?* ___ *Full* ___

_____ August's Kids Camp August 2-5 **(DUE JULY 24TH)**

Please indicate type of scholarship needed: *Partial* ___ *amount needed?* ___ *Full* ___

Current Date _____

Have you attended this activity before? Yes _____ No _____

Name _____ Current grade in school _____

Address _____ Zip _____ Phone: _____

Explain why you would like to go to camp, what you hope to gain from the experience, and why you feel you are qualified for a scholarship. (To be filled out by camper)

Please state any special circumstances or need for scholarship. (To be filled out by parent or guardian)

The undersigned verify that this application has been prepared by the applicant and accurately reflects his/her need for scholarship.

Signature of 4-H Member _____ Date _____

Signature of Parent/Guardian _____ Date _____