Grant County 4-H Summer Camp Partial Scholarship Application



Campers may be eligible to receive a partial scholarship to put towards the camp fee by:

- Completing the scholarship application, including the essay.
- Returning the completed application and all required documentation to the 4-H Office.
- All campers must pay a camp fee deposit of \$25 and turn it in with their application. If a camper is awarded a scholarship, they will be notified.
- Scholarships will be awarded once the application deadline has closed. The amount will be determined by available funds and number of applicants.

Completed scholarship application must include:

An essay (minimum 150 words) titled "Why I Want to Go to 4-H Camp." The essay should reflect why attending 4-H Camp is important to the youth and what specific lessons, skills, and experiences the camper hopes to bring home from his/her stay at camp.

- The essay should be typed or written very neatly in black or blue ink.
- The title and the young person's name should appear at the top of the essay.
- Proper grammar, structure (introduction, body, conclusion), and spelling will be considered, along with creativity and the content of the narrative.

	Completed	scholarship	application	form (or	n the reverse	of this sheet)
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One Reference letter (this letter should be from a teacher, counselor, community leader, etc. but not from a family member)

Return completed application to:

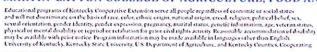
Grant County Cooperative Extension 1212 N Main Street, Suite F Williamstown, KY 41097

DEADLINE: Friday May 10th, 2024

Applicants will be notified that they have won a scholarship and/or if they are responsible for any remaining fees.

105 Baton Rouge Road | Williamstown, KY 41097 | P: 859-824-3355 | F: 859-824-3391 | grant.ca.uky.edu

Cooperative **Extension Service** MARTIN-GATTON COLLEGE OF AGRICULTURE, FOOD AND ENVIRONMENT





Grant County 4-H Camp

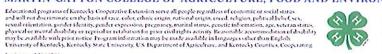
Partial Scholarship Application

Completing this form does not guarantee a scholarship. Families are asked to pay at least \$65.00 (1/3) of the camp fee (only \$25 of this when application is submitted).

Camper's Name:							
Female Male Age:	Date of Birth:						
Name(s) of parent/guardian(s):							
Address:							
mail: Cell Phone:							
School attended in 2023-2024 academic year:	7 P						
Do you belong to a Grant County 4-H Club or participate in Grant County 4-H programming? YES / NO							
If yes, which one(s)?	= J k						
Highest grade completed: Has camper atte	ended 4-H Camp in the past? YES / NO						
Are you eligible for free/reduced lunch? YES / NO							
Estimated Monthly Family Income:							
Scholarship funding is limited, please select the amount that best reflects your family's need:							
1/3 scholarship (\$65 value) a scholarship 2/3 (\$130 value)							
Others living in camper's primary residence:							
Siblings or stepsiblings: (number) Other yout	th or infants: (number)						
Other adults: (number	per)						
Will any other family members also be attending camp? If so, ple	ease list name & age.						
Certification of Applicant							
I do hereby certify that the information contained herein is truthf knowledge.	ful and accurate to the best of my						
Signature of Youth	Date:						
Signature of Parent/quardian	Date:						

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