



# 4-H 2024Camp Scholarship Form

Note: It is recommended that everyone attempt to pay as much as possible toward their child's camp fee.

**OFFICE USE ONLY**

Date & Time Received:

**PROOF OF INCOME MUST BE TURNED IN TO QUALIFY.**

### Camper Information:

Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age \_\_\_\_\_ Summer Camp (ages 9-15)

### Parent/Guardian Information:

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Place of Employment: \_\_\_\_\_

**Household Members and Monthly Income:** *If you wish to receive a scholarship, ALL income MUST be represented.*

Names of ALL Household Members (including any dependents)	Monthly Income from Work (enclose a copy of last paystub)	Monthly Welfare, Child Support, or Alimony Received	Monthly payments from Pensions, Retirement, Social Security or Disability	Any other Monthly Income or Assistance (including SNAP benefits & EBT Card)

*Please describe any expenses that should be considered by the scholarship committee. If you choose not to list any expenses, scholarships will be determined according to the cost-of-living index where you live.*

Utilities \_\_\_\_\_

Medical \_\_\_\_\_

Mortgage \_\_\_\_\_

Gas \_\_\_\_\_

Other \_\_\_\_\_

**Type of Scholarship:** Please check which type of scholarship you'd like to apply for. Due to generous donors, the cost of Laurel County's 4-H Summer Camp is \$150 instead of the full \$300 per camper. **All families must pay a non-refundable \$35 deposit.**

Full Scholarship \_\_\_\_\_ Half Scholarship \_\_\_\_\_

### Parent/Guardian

*I certify that all of the above information is true and correct and that all income is reported. I understand that this information is being given for the receipt of county funds and that deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal laws.*

Signature \_\_\_\_\_

Date \_\_\_\_\_

