

2009 4-H CAMP SCHOLARSHIP APPLICATION

Instructions to Main Leader: Please fill out the form completely. Youth who would not be able to attend camp without financial assistance will be selected. You do not need to contact the youth as to whether they want the scholarship. All of your responses will be kept confidential.

Member's name _____

4-H Club _____

Member's address _____

Member's current grade _____ Years in 4-H _____

Which camp will the member attend: 4-H Junior Camp _____ 4-H Outpost Leadership Team Camp _____

Has the member been to 4-H camp before? yes ___ no ___

Has the member been to 4-H Outpost Leadership Team Camp before? yes ___ no ___

In your estimation is this member's family able to afford to send the child to camp? yes ___ no ___

If this member is selected to receive a camp scholarship, will the family be able to put any funds towards the cost of camp? yes ___ no ___

Has the member been active in your club? yes ___ no ___

If this member is selected to receive a scholarship, will your club be donating any funds to help cover costs? yes ___ no ___ If yes, how much? \$ _____

Please add any additional comments you may have as to why this child is deserving of this scholarship.

Signature of Main Leader _____

**Please return this form by May 15, 2009 to:
Grant County Extension Office, PO Box 31, Lancaster, WI 53813**

CAMP SCHOLARSHIPS ARE FUNDED THROUGH THE LORETTA CROFT MEMORIAL FUND
AND THE GRANT COUNTY 4-H LEADERS ASSOCIATION