



4-H Camp Scholarship Application Youth Ages 8-16

Name _____ Age (as of September 1, 2024) _____

Club _____ County _____

Amount Requested _____

Please list the 4-H projects, activities, and achievements you have participated in (give number of years):

How will this benefit your 4-H experience?

Why do you want to go on this trip?

***Please completed the form in its entirety for your application will not be considered.**

Make sure you have all signatures on this form before it is turned into the office. If all signatures are not on this form when it comes into the office, it will not be considered.



I have personally prepared this application and certify that it accurately reflects my 4-H work. If selected, I agree to attend this event, abide by all the rules established for the activity and to pay all remaining costs.

Member Signature_____

If my child is selected, I agree to help him/her fulfill any obligations associated with the activity.

Parent Signature_____

I have reviewed this application and believe it to be correct.

Leader Signature_____

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