

2019 Licking County 4-H Youth Development Summer Camp Financial Aid Application

Deadline for Submission: May 17, 2019 (4:30 p.m.)

Club Advisor's letter of support must accompany application.

This application is to be completed by the parent/guardian(s) of the member wishing to receive financial aid. Camp is open to youth who are 8 years old and in the 3rd grade on January 1, 2019 with the older age limit being age 16. Only Licking County 4-H members are eligible to receive financial aid through this application process. Scholarships awarded will range from \$50 to \$150. *All camp registration fee balances must be paid in full by no later than 4:30 p.m. on June 7th.*

MEMBER INFORMATION:

4-H Member's Name _____

Address _____

Phone _____ Age _____

Family E-Mail Address: _____

4-H CLUB INFORMATION:

Licking County 4-H Club: _____

Number of years in 4-H: _____

*4-H Club Advisor Name: _____ Phone: _____

STATEMENT OF NEED:

Has the 4-H member ever been to a 4-H residential camp before? (Check one)
_____ Yes _____ No If yes, in which year(s): _____

Are there other 4-H members in this family who plan to attend camp? (Check one)
_____ Yes _____ No

If yes, please list their names and which camp(s) they plan to attend...

In what ways has this member worked to raise / save funds to go to camp? Please explain...

Does your 4-H Club give members financial assistance toward camp? (Check one)

Yes No
If yes, please explain...

List 4-H activities in which the member has participated this year:

What amount of assistance is needed: \$ _____

Please explain in detail the financial need that exists for your family at this time. All information will be kept confidential.

Explain why you think that this child should be selected to receive a 4-H Camp Financial Aid Scholarship. How will this child benefit from this experience?

Please have your child complete the following statement:

“4-H Has Taught Me...”

By signing this application, I verify that I have read the included information and find it to be accurate and truthful to the best of my knowledge.

Name of Person Completing Application (print) _____
Relationship to the 4-H Member _____
Signature _____

Signature of 4-H Member: _____

*Signature of 4-H Club Advisor: _____

**Club Advisor must provide a letter of support and explanation.
It can be attached to this application or can be submitted directly to the Extension Office (due 5/17/19).
Application will not be considered without accompanying advisor letter.
All submitted information will remain confidential.*

Return to: Licking County Extension Office, Attn: Lisa McCutcheon
771 E. Main Street, Suite 013, Newark, Ohio 43055

OFFICE USE ONLY:

Date Received: ___/___/___
Amount Requested: \$ _____
4-H Family Notified: ___/___/___
Balance Due: \$ _____

Date Advisor Letter Received: ___/___/___
Amount Awarded: \$ _____
Spoke with: _____
Balance Paid: ___ / ___ / ___