

# Noble County 4-H Campership Application

## Requirements:

Must be a Noble County 4-H member in good standing

Priority will be given to families with financial need. These scholarships will be available to 4-H members that would not be able to attend camp without Campership support.

A \$25.00 deposit must accompany camp application to ensure the 4-H member and parents' commitment to camp. This is non – refundable if you don't show up for camp. \*\*If you attend camp the \$25 deposit will be returned to you after camp.

If not selected for campership – the \$25 will be applied to camp fee or refunded.

20 – Camperships will be awarded in 2022.

This is a 3-page application, to be completed by:

- > Member
- > Parent
- > Advisor

Campership Applications need to be returned to the Extension office by: **May 23, 2022.**

***Late applications will not be considered.***




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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Phone # Hm. \_\_\_\_\_ Cell. \_\_\_\_\_

Parent/Guardian Name(s) \_\_\_\_\_

**To be completed by the 4-H Member:** 

Have you ever attended 4-H Camp before? Yes \_\_\_\_\_ or No \_\_\_\_\_

List 4-H Projects that you have completed:

_____	_____
_____	_____
_____	_____
_____	_____

List 4-H Activities you have participated in:

_____	_____
_____	_____
_____	_____
_____	_____

Why do you want to go to camp?

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

4 – H Member Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**To be completed by Parent(s) / Guardian:**

Parent(s) / Guardian Name: \_\_\_\_\_

Number of People living in household: Adults: \_\_\_\_\_ Children under 18: \_\_\_\_\_

Occupation of Mother: \_\_\_\_\_

Occupation of Father: \_\_\_\_\_

Is the Child's family eligible to receive or currently receiving any of the following?

1) Free or Reduced Lunch Program? Yes \_\_\_\_ No \_\_\_\_

2) SNAP Benefits Yes\_\_\_\_\_ No \_\_\_\_\_

3) W.I.C Yes \_\_\_\_ No \_\_\_\_

Briefly describe why financial assistance is needed to attend 4-H Camp. (Examples: family structure, parent/guardian employment status or job loss, live with grandparents on fixed income, etc.)

[illegible]

Parent / Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**To be complete by the 4-H Advisor:**

**DUE TO THE EXTENSION OFFICE BY: May 23, 2022**

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

Attendance at Club Meetings: Excellent \_\_\_\_ Good \_\_\_\_ Fair \_\_\_\_

Participation in club meetings: Excellent \_\_\_\_ Good \_\_\_\_ Fair \_\_\_\_

Participation in club Activities: \_\_\_\_\_

Comment on His/her performance & attendance as a member. List any Offices or committee work the member does in your club.

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Your knowledge of their financial need (if known): \_\_\_\_\_

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Advisor Signature \_\_\_\_\_

Date: \_\_\_\_\_