

**Clinton County 4-H Camp/Cloverbud Camp Scholarship Application**

Please complete this application form and return it to the OSU Extension Office, 111 S. Nelson Avenue, Suite 2, Wilmington, OH 45177 for consideration of a full or partial 4-H camp scholarship.

**Due May 12, 2011 for 4-H Camp and Cloverbud Camp**

Date \_\_\_\_\_

**Family Information**

Applicant Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Age \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_ 4-H Member \_\_\_\_\_ Yes \_\_\_ No \_\_\_

- Father's/Guardian name & address: \_\_\_\_\_  
\_\_\_\_\_

Employer \_\_\_\_\_ Monthly Income \_\_\_\_\_

- Mother's/Guardian name & address: \_\_\_\_\_  
\_\_\_\_\_

Employer \_\_\_\_\_ Monthly Income \_\_\_\_\_

\* Number of Brothers: \_\_\_\_\_ Ages: \_\_\_\_\_

• Number of sisters: \_\_\_\_\_ Ages \_\_\_\_\_

• How many from your household will be attending college or trade school during the next year? \_\_\_\_\_

• Where? \_\_\_\_\_

• Does the applicant receive free or reduced lunch at school? \_\_\_ Yes \_\_\_ No

• Does the applicant's family receive Tanif? \_\_\_ Yes \_\_\_ No Amount \_\_\_\_\_

• Child support? \_\_\_ Yes \_\_\_ No Monthly Amount \_\_\_\_\_

• Food stamps? \_\_\_ Yes \_\_\_ No Monthly Amount \_\_\_\_\_

• Ohio Works 1<sup>st</sup>? \_\_\_ Yes \_\_\_ No Monthly Amount \_\_\_\_\_

• List name and amount of any other scholarships already received for coming year:

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

Amount of scholarship requested? \$ \_\_\_\_\_

Have you received a 4-H Camp Scholarship in the past?      \_\_\_ Yes      \_\_\_ No  
If yes, in which year(s) did you receive it?

Please explain below your need for financial assistance for 4-H camp.