

**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 10, 2018 for Jr. 4-H Camp**  
**Due June 1, 2018 for Cloverbud Camp(s)**

Date \_\_\_\_\_

**Family Information**

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

Address \_\_\_\_\_  
(street) (city) (state) (zip)

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

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 \_\_\_\_\_

(Over)



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.