



UNIVERSITY OF GEORGIA  
EXTENSION



Camden County Extension/4-H  
1409 Georgia Ave  
PO Box 309  
Woodbine, GA 31569  
TEL 912-576-3219 | FAX 912-576-3473  
uge3039@uga.edu  
<http://extension.uga.edu/county-offices/camden.html>

## Camden County 4-H Scholarship Application for Summer Camp

### Directions:

- Please fill out this application and return it and requested information to our office by March 20. Applicants must have either participated in Project Achievement, or attended at least 3 out of school 4-H activities by March 19 OR have a letter from their teacher or principal recommending them for consideration as part of this application.
- Please attached a typed/written request where you discuss any relevant financial information and special circumstances you want to have considered in this application. Contact our office if you need assistance completing this form.
- A \$100 deposit MUST accompany this application.
- You will be notified with the decision and amount of scholarship if awarded via email by March 28<sup>th</sup>

Please note that we may contact your child's school to help us identify those with the most need, especially if we have multiple applicants. Scholarships will be awarded based on the following criteria:

1. Financial Need
2. How child will benefit from participation
3. Overall 4-H Participation

4-H'er Name (First & Last): \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_

Does your child qualify for FREE or REDUCED lunch? YES or NO (circle one, and if YES-circle FREE or REDUCED)

Parent Name (First & Last) : \_\_\_\_\_

Parent email: \_\_\_\_\_@\_\_\_\_\_.\_\_\_\_\_ Cell # \_\_\_\_\_

### Office Use Only:

Date Received: \_\_\_\_\_ Received by: \_\_\_\_\_ Awarded? Y/N

Date Parent Contacted: \_\_\_\_\_ Answer sent by: \_\_\_\_\_