



UNIVERSITY OF GEORGIA
EXTENSION



REQUEST FOR 4-H CAMP SCHOLARSHIP (MILITARY)

DIRECTIONS:

- ✓ Complete this application form (please print clearly)
- ✓ **Attach a paragraph** detailing financial need for a camp scholarship and how your child will benefit from camp
- ✓ Return the application and attached letter by **March 14, 2024** to: Madison County Extension/4-H Office
- ✓ You **MUST** come to the 4-H office as soon as possible to register your child for camp (if not already registered). A **\$75.00** non-refundable deposit will be due at this time to secure a camp spot for your child. Please contact 706-795-2281 if you have any concerns.

CRITERIA:

- ✓ Be eligible to attend Cloverleaf Camp.
- ✓ Be affiliated with the Air Force.

*******Notification of scholarship will be made to you as funds become available*******

Today's Date: _____

Child's Name: _____ Parent/Guardian's Name: _____

Address: _____

City: _____ Zip: _____

Grade: _____ Age: _____ School: _____ Teacher: _____

Daytime Phone: _____ Alt Phone: _____

How many children are in your family? _____ Ages: _____

Has your child ever been to a residential camp before? Yes _____ No _____

If yes, what camp(s)? _____

*Household Yearly Income: _____ *Sources of income _____

*Information relative to financial status is kept in strictest confidence by the scholarship committee

Signature _____



COUNTY STAFF DOCUMENT Military Cloverleaf Camp Scholarship

MILITARY ELIGIBILITY CERTIFICATION FORM

This form must be completed by county 4-H Staff with support from the military family. Copies to: District 4-H Program Development Coordinator; 4-H Camping Office; 4-H Military Coordinator

1. Is the youth member affiliated with the Military? Confirm status by reviewing one of the following: Military ID, Tricare Benefit paperwork, recent LES (paystub)

Yes No Need Assistance
2. What service branch is the family connected with? If the guardian is not associated with the below, they do not qualify.
Air Force
3. Check the box that best represents current military status. Check all that apply, for example, Active-Duty Guard members can check both Active Duty and Guard.
Active-Duty Reserve Guard Retired Medically Discharged Civilian

Currently Deployed Upcoming deployment within 6 months Recent deployment within 6 months
4. If guardian(s) are currently serving, please state their associated installation
Guardian One: _____ Guardian Two: _____
5. If the youth applicant has participated in an out-of-school or off-base 4-H program, please share below 1 to 3 examples by program name. Club meetings that occur at the installation or a school do not count for points. 4-H Activities might include a summer day program, Consumer judging, community service, or a 4-H Game Day.
6. Provide the total local cost for the selected Cloverleaf Camp applicant who will attend.
7. Provide the name of the 4-H Cloverleaf Camp that the selected UGA Extension Office is attending.

County Extension Staff Certification

Name of County Extension Staff Contact

County

District

I hereby certify that to the best of my knowledge, (First Name) _____
(Last Name) _____ (name of 4-H member), comes from an Air Force connected family.

Signature of County Extension Staff Contact