

**2010 4-H Camp
SCHOLARSHIP REQUEST**

Camper Name: _____ Age _____

Parents Name: _____

Camper Address _____

City _____ State _____ Zip _____

Day Phone _____ Evening Phone _____

Name of Camp(s) for which you are applying:

- | | |
|---|---|
| <input type="checkbox"/> Winter Survival Camp | <input type="checkbox"/> EAGLE Trek Camp |
| <input type="checkbox"/> Family Camp | <input type="checkbox"/> Wildlife Stewards |
| <input type="checkbox"/> Ocean Discovery Camp | <input type="checkbox"/> Farms and Garden Camp (August) |
| <input type="checkbox"/> Farms and Garden Camp (July) | <input type="checkbox"/> Super Science Camp |

Have you been to 4-H Camp Before?

- Yes (number of years _____) No

Are you a 4-H Member?

- Yes (County _____ Project(s) _____)
 No

Are you a student at a 4-H Member School?

- Yes (School _____) Unsure (School _____)
 No

Have you received a camp scholarship in the past?

- Yes (from who _____)
 No

Explain reason for applying for a camp scholarship

Amount Requested? _____

Please Note: The 4-H Camp Committee has limited camper scholarships available. We cannot guarantee scholarships for every request. The maximum scholarship will be 50%. The camp committee will review all camper scholarship applications by June 15th and will notify campers and their parents soon after July 20th. The deposit will be refunded if the camper decides to cancel due to the denial of their request or the scholarship amount awarded is not sufficient.

Parent Signature

Date

MAIL FORM TO: OSU EXTENSION 4-H CAMP, 18640 NW Walker Road, Suite 1400
Beaverton, OR 97006-8927