



Virginia Cooperative Extension

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Name: _____

Date Received in Extension Office: _____

NORTHAMPTON COUNTY 4-H CAMP

At
Airfield 4-H Center
Wakefield, VA

July 31-August 4, 2017

APPLICATION FOR 4-H CAMP FINANCIAL AID

Send to:
Northampton VCE
7247 Young Street
Machipongo, VA 23405

Camp Scholarships made possible by the United Way of the Eastern Shore, Northampton Farm Bureau and other generous donors.



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Junior 4-H Camp Financial Aid Application

This application is to be completed by the 4-H member and a parent / guardian and signed by both the 4-H member and the parent / guardian.

Use additional paper if needed.

Incomplete applications will not be considered.

Applicant Information

Name: _____
First Middle Last

Address: _____
Street

_____ City State Zip

Home Phone: _____

Cell Phone: _____

I can receive text messages: YES NO

Email Address: _____

Male Female Age: _____ Date of Birth: _____

School: _____ Grade Level: _____

Member of a 4-H Club Name of Club: _____

Explain why you would like to attend Junior 4-H Camp.

Give a brief background of your 4-H experiences.



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Parent / Guardian Information

Name: _____

Home Phone: _____

Cell Phone: _____

I can receive text messages: YES NO

Email Address: _____

Explain the reason(s) financial aid is needed to provide the opportunity for your child to attend Junior 4-H Camp.

Please mark your annual household income. Include all sources such as employment, government assistance, child support, alimony, etc.

Less than \$10,000

\$10,000 - \$20,000

\$20,000 - \$30,000

\$30,000 - \$40,000

\$40,000 - \$50,000

More than \$50,000

How many youth(s) are in your household? _____ How many adults are in your household? _____

Agreement

I hereby certify that all of the entries on this application are true and complete. I understand that any falsification of information herein constitutes cause for dismissal.

Printed 4-H Member Name

Signature

Date

Printed Parent / Guardian Name

Parent / Guardian Signature

Date