

4-H CAMPSHIP FUNDING APPLICATION

Member's Name:		Age:	
Address:	City	Zip	
Club Name:			
Parents' Name:			
Number of Persons in Family Unit:	Phone:		
Does your family qualify for the Free or R	educed Lunch progra	m?	
Please describe any special circumstance (sickness, loss of job, etc.).			
Camp costs range from \$150 to \$175 this the date that camp registration forms are on need. Each family is asked to contribu	received. Campship	amounts are variable depending	
Amount of Parent Contribution:			
Signature of Parent or Guardian:			

Return the completed application to the 4-H Office by June ${f 1}$, 2018.

WSU Extension, Grays Harbor County Attention: Camp Committee PO Box 3018 Elma, WA 98541

WSU Extension programs and employment are available to all without discrimination. Evidence of noncompliance may be reported through your local WSU Extension office.