



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 Reduced Lunch program? _____

Please describe any special circumstances that contribute to the family financial situation (sickness, loss of job, etc.).

Camp costs range from \$150 to \$175 this year based on the member's date of enrollment and the date that camp registration forms are received. Campship amounts are variable depending on need. Each family is asked to contribute something toward the total cost.

Amount of Parent Contribution: _____

Signature of Parent or Guardian: _____

Return the completed application to the 4-H Office by May 30, 2019.

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