

4-H CAMP SCHOLARSHIP REQUEST



Member's Name(s): _____ Age(s): _____

Address: _____
City _____ Zip _____

Enrolled in a 4-H club currently? yes no

Club Name: _____

Parent/Guardian Name(s): _____

Number of Persons in Family Unit: _____ Phone: _____

Email address: _____

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

Camp cost is \$250 per youth. Scholarship amounts are variable depending on need. A deposit of \$100 per youth is required with this form to reserve your youth member's spot at camp. If you need to set up a payment plan please let us know. This form may only be filled out for members of your own family.

Amount of family contribution included with this form: _____

Signature of Parent or Guardian: _____

Return the completed request to the 4-H Office along with partial payment to reserve a spot for the camper. No camper spots are reserved until youth is enrolled in 4-H online, registered for camp, and paid a deposit.

WSU Extension, Grays Harbor County
Attention: 4-H Camp
PO Box 3018
Elma, WA 98541

WSU Extension, Mason County
Attention: 4-H Camp
303 N. 4th Street
Shelton, WA 98584