Partial scholarships are available from the Polk County 4-H Foundation. Youth, please, complete entire application for consideration. Include one adult reference (page 2). Additional paper may be used as needed. Please turn in to the 4-H office by May 1st. The scholarship awardees will be notified by the end of May.

Name: ___________________________________________ Age (as of Sept 1st): _____

Mailing Address: ______________________________________________________________

Phone: (___) ___________ 4-H Club:_______________________________________________

Years in 4-H: ___ Are you applying to be a Counselor in Training (C.I.T.) or Counselor? ___

Which camp will you be attending? ___________________________ Years at 4-H Camp: ____

Amount of Financial Assistance requested (do not leave blank): $_______________

Monthly family net income: $___________ Total # of members in family: _____________

List 4-H or other extracurricular projects, activities, and accomplishments:
________________________________________________
________________________________________________
________________________________________________
________________________________________________
________________________________________________

Why do you want to attend camp? What do you hope to gain from coming to camp?
________________________________________________
________________________________________________
________________________________________________
________________________________________________

How will you share your camp experience with others to encourage more participation in the 4-H program? Will you commit to doing this?
________________________________________________
________________________________________________
________________________________________________
________________________________________________

"The Foundation for the Gator Nation An Equal Opportunity Institution"
Why do you consider yourself to be an ideal candidate for this scholarship?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Adult Reference
The adult reference may be a 4-H club leader, youth leader, teacher, or other individual who is not related to the youth applying for the scholarship.

Adult’s Name: ________________________________ Phone: (___) __________

How do you know this youth? __________________________ For how long? ________

Write a brief statement about why you believe the youth mentioned above should receive a scholarship to attend 4-H Camp.
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Adult Reference’s Signature ________________________ Date __________

I acknowledge that the above information is accurate to the best of my knowledge. If I receive a camp scholarship, I agree to write a thank you letter to the Polk County 4-H Foundation after my return from camp.

Youth’s Signature ________________________ Date __________

Parent’s Signature ________________________ Date __________