



# RON WALKER MEMORIAL CAMP CROWDER SCHOLARSHIP APPLICATION

## CHILD'S INFORMATION

Name: \_\_\_\_\_ County: \_\_\_\_\_ Yrs in 4-H: \_\_\_\_\_  
Club Name: \_\_\_\_\_ Have you attended camp in the past? \_\_\_\_\_

Why do you wish to attend Camp Crowder 4-H Camp? (attach additional page, if needed)

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How would this scholarship help you to be able to attend 4-H Camp? (attach additional page, if needed)

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Does your county pay any portion of your \$110 camp fees?  Yes  No If yes, how much? \_\_\_\_\_  
Total gross income of household:  Less than \$15,000  \$15,000 - \$25,000  \$25,000 - \$35,000  
 \$35,000 - \$45,000  More than \$45,000 Total number of household members: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Signature of Applicant

|                               |       |            |
|-------------------------------|-------|------------|
| Name of Parent/Legal Guardian | Phone | Email      |
| Street Address                | City  | State, Zip |

Return application by March 15 to:

Buchanan County Extension  
4125 Mitchell Avenue  
St. Joseph, MO 64507

You will be notified by April 1 if you are awarded a scholarship.