**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)
________________________________________________________________________________________________
________________________________________________________________________________________________
________________________________________________________________________________________________
________________________________________________________________________________________________

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

Does your county pay any portion of your $105 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: __________

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**Signature of Parent or Legal Guardian**

Name of Parent/Legal Guardian | Phone | Email
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**Signature of Applicant**

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Return application by April 1, 2015 to: Buchanan County Extension

4125 Mitchell Avenue

St. Joseph, MO 64507

You will be notified by April 15, 2015 if you are awarded a scholarship.