



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)

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 \$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 if you are awarded a scholarship.