

**4-H Camp Scholarship Application**  
**Must be ages 8-14 to attend camp**

Name of Youth : \_\_\_\_\_

Birthdate: \_\_\_\_\_

Current Age: \_\_\_\_\_

4-H Age (age as of Jan. 1): \_\_\_\_\_

Are you currently an active Rowan County 4-H Member? Circle: Yes No

If you are a currently active 4-H'er, briefly explain your 4-H participation: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Parent/Guardian email address: \_\_\_\_\_

Parent/Guardian phone number(s): \_\_\_\_\_

**Please answer the following questions:**

1. Have you attended any overnight camp before? Yes No If yes, list the camp name and the year attended:  
\_\_\_\_\_
2. Have you attended 4-H Camp with Rowan County 4-H before? Yes No If yes, list the year: \_\_\_\_\_
3. Are the children in your family eligible for free or reduced lunch according to the current USDA guidelines found at <https://childnutrition.ncpublicschools.gov/information-resources/eligibility/eligibility-income-eligibility-guidelines?>  
Yes No
4. How many siblings does this scholarship applicant have? \_\_\_\_\_
5. Is the family of this scholarship applicant a single income family (only one working parent)? Yes No

**Please attach the following information to this application:**

1. A handwritten statement by the youth explaining why he/she wants to attend 4-H Camp.
2. A handwritten statement by the parent/guardian about why financial assistance is needed for their child to attend camp.

\_\_\_\_\_  
Youth Applicant Signature Date

\_\_\_\_\_  
Parent/Guardian Signature Date