

LAKE COUNTY 4-H COUNCIL
SUMMER CAMP SCHOLARSHIP APPLICATION

(form to be completed by parent or guardian)

UC Cooperative Extension/4-H Office • 883 Lakeport Blvd., Lakeport, CA 95453
Phone: (707) 263-6838 • FAX: (707) 263-3963

Date: _____

1. Parent/Guardian Name: _____

2. Relationship to camper: _____

3. Mailing Address: _____

4. Please explain your financial need for this award:

5. 4-H Members Name: _____

6. 4-H Members Grade Level: _____

7. How many years has the camper been in 4-H? _____

8. What are their projects of interest? _____

9. Annual Family Income: 0-30,000 31,000-44,000 45,000 +

10. Is a Parent/Guardian attending as a Chaperone? YES NO

11. Parent/Guardian Signature: _____

(Signing this application certifies that the data listed by the applicant is correct.)

RETURN COMPLETED APPLICATION TO THE LAKE COUNTY 4-H OFFICE BY April 28th