



Dear Scholarship Applicant,

Thank you for your interest in our 4-H Summer Camp. In order for your request for scholarship to be considered, please read these details carefully and submit the following:

- A letter explaining why you are interested in 4-H Camp
- A Completed 4-H Camp Scholarship Application
- The Appropriate Supporting Documentation from Section II of the Application
- \$50 refundable payment for camp admission *\*refunds issued on June 22nd\**

Youth who are chosen for the scholarship must agree to take swimming lessons. Swimming lessons are not in any part paid for by SC 4-H. This scholarship is applied only to 4-H Club Summer Camp Session 1: Camp Long beginning June 10th-14th in Aiken, SC 29805. Applications will be considered as received. **Deadline to apply is Wednesday, May 23rd.**

To be eligible for this scholarship opportunity, youth are required to complete swimming lessons before attending camp. Verification of swimming lessons will be conducted before the release of funds.

Youth considered for scholarship are required to keep a daily journal (journals will be provided) to share their thoughts and experiences about 4-H Club Summer Camp. These journals must be returned to your county 4-H Youth Development Agent at the end of camp.

All information provided is subject to the Clemson University Family Privacy Protection Act Policy and will be kept confidential to the extent permitted by law.

Thank you!

YorkSC4H

## 4-H Youth Development

### Application for Scholarship for 4-H Camp

Please note that financial assistance is income-based and availability of funds varies from year to year. Only completed applications with required documents will be considered.

#### SECTION I.

Camper's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: M \_\_\_ F \_\_\_

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

City/State/Zip: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Camper a current 4-H Club Member? Yes \_\_\_ No \_\_\_

\_\_\_\_\_

#### SECTION II.

Annual Household Income: \_\_\_\_\_ # in household: \_\_\_\_\_

Are you or your child receiving any type of public assistance? Yes \_\_\_ No \_\_\_

Child receives free or reduced lunch? Yes \_\_\_ No \_\_\_

#### SECTION III.

Specific reason for scholarship request:

(You may attach additional pages if necessary)

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

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### Please return to:

Clemson University Cooperative Extension Service  
Attn: 4-H Youth Development  
120 N. Congress St.  
York, SC 29745

803-684-2297 (Fax)  
or  
eburdin@clemson.edu