

***An Equal Opportunity, Affirmative Action, Veteran, Disability Institution.***

**Tattnall County 4-H Camp Scholarship Application**

*Must have Teacher or Principal recommendation to apply*

***Returning this application DOES NOT guarantee a scholarship or a spot for camp.***

This application is due on or before Monday, February 17th with:

* Camp Application (was given to your child by their teachers)
* Recommendation letter from teacher, counselor, or principal

Application Guidelines:

A limited number of Cloverleaf camp scholarships will be given based on financial need ***and*** 4-H involvement. To apply, students must turn in this completed application, a camp registration form, and their recommendation letter

to the Tattnall County Extension Office in Reidsville no later than Monday, February 17th. The recommendation

form MUST be completed by a teacher, counselor, or principal and MAY NOT be completed by a friend or family member. If your child is offered a partial scholarship, they will be responsible for paying the remainder of their camp fees by April 3rd. All information given will be evaluated by the Extension staff and scholarship committee only. All information will be kept private and confidential.

**Name of 4-H’er** **Age: Gender:**

**School: Grade: Teacher:**

**Guardian’s Name(s): Occupation(s)**

**Phone Number: Additional Phone Number:**

**What is your race? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ What is your ethnicity?** Hispanic or Non-Hispanic

**What is your parent’s or guardian’s primary language (please circle one)?** English Spanish Other

This application must be accompanied by a letter of recommendation from your child’s teacher, school counselor, or principal. Please return this form and a letter of recommendation to the address below prior to February 17th OR turn it in with your camp registration form on February 17th at camp sign-up:

**Tattnall County 4-H**

**Attn: Rebekah Greene, 4-H Agent**

**114 North South Main Street, PO Box 580**

**Reidsville, GA 30453**

***Returning this application DOES NOT guarantee a scholarship. Your child’s space will be saved until scholarship recipients are announced, after which time they can notify the Extension staff whether or not they still wish to attend.*** In the event that your child does not receive a scholarship and chooses to still attend camp, they have until April 3rd to pay the total amount due. Likewise, if your child receives a partial scholarship, they will have until April 3rd to pay the remaining balance due. After April 3rd, your child’s deposit and any payments made become ***non-refundable*** and your child may lose their space if payment is not made in full. Scholarship applications will be reviewed in mid-February and you will be notified no later than March 13th whether or not your child has received a scholarship. Call us at 912-557-6724, ext. 4, or email [rbowen1@uga.edu,](mailto:rbowen1@uga.edu) if you have any questions.

**Part A: Activities and Involvement (To be completed by 4-H’er)**

1. **Have you ever been to an overnight camp before? Yes or No**
2. **If yes to #1, what type of camp was it:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
3. **Have you ever competed in District Project Achievement? YES or NO**
4. **If yes to #3, what year(s) and what project area(s)? \_\_\_\_\_\_**
5. **Please list any 4-H activities you have participated in (including any offices held):**
6. **List any honors and awards you have received (including school, 4-H and other):**
7. **Describe other clubs or activities you are involved in (church, school or community):**
8. **Please tell us in 4-5 sentences why you would like to attend camp:**

Applicant Number: \_\_\_\_\_

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**Part B: Statement of Need (To be completed by parent\guardian)**

* 1. **Why do you feel your child qualifies for a camp scholarship?**
  2. **Sometimes, we do not have a full scholarship to award, but we could help partially pay for a child’s way to camp. In some cases, a partial scholarship can help make the difference in a child being able to attend camp. In other situations, a child would be unable to attend camp if their scholarship is not paid in full. Please help us understand which situation best fits your child by completing the statement below and checking all of the answers that would apply to you.**

**My child would be able to attend camp if they received a … (check all that would apply)**

**( ) full scholarship ( ) half scholarship ( ) $100 scholarship**

* 1. **Please share any additional information about your financial situation that you think will help the committee make an educated decision about awarding your child a scholarship based on financial need.**

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| **FOR OFFICE USE ONLY:**  **Application Reviewed By: Date: Status (circle one): Approved Alternate**  **Scholarship Amount:**  **Notified of Scholarship By: Date: Applicant Will: Accept Scholarship or Deny Scholarship** |  |
| Applicant Number: \_\_\_\_\_ \_\_, Page: 3 |