

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

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

This application is due on or before Friday, February 17th for priority consideration.

Late applications may not be accepted depending on availability of funds. Recommendation letter from teacher, counselor, or principal must be attached to this application for it to be accepted.

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 and their recommendation letter to the Tattnall County Extension Office in Reidsville no later than Friday, 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 May 5th. All information given will be evaluated by the Extension staff and scholarship committee only.

**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 languages are spoken in your home (please circle all that apply)?** English Spanish Indian Chines 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 email to uge3267g@uga.edu by February 17th:

**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 March 31st to pay the non-refundable deposit and until May 5th to pay the total amount due. Likewise, if your child receives a partial scholarship, they will have until May 5th to pay the remaining balance due. After May 5th, 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 initially in February and on a rolling basis as additional scholarship funds become available. You will be notified no later than March 10th if your child will not be receiving any scholarship funds for the year. Call us at 912-557-6724, ext. 4, or email 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 or meetings attended):**
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: \_\_\_\_\_

\_\_, Page: 2

**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 ( ) $150 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.**
	2. **Has your child been part of any special programs this year due to income level? (Example: Backpack Buddies, Christmas at home, etc.)**

|  |  |
| --- | --- |
| **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 |