



Virginia Cooperative Extension

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www.ext.vt.edu



Name: _____

Date Received in Extension Office: _____

James City County 4-H CAMP

August 5-9, 2024

APPLICATION FOR 4-H CAMP FINANCIAL AID

Send to:
James City County VCE
PO Box 69
Toano, VA 23168



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Junior 4-H Camp Financial Aid Application

This application is to be completed by the 4-H member and a parent / guardian and signed by both the 4-H member and the parent / guardian.
 Use additional paper if needed.
 Incomplete applications will not be considered.
 James City County 4-H is unable to give 100% financial aid to any camper. All campers will have to pay at least a minimum of \$75 to attend 4-H Jr. Camp at Jamestown 4-H Center.

Applicant/Camper Information

Name: _____
First Middle Last

Address: _____
Street

City State Zip

Home Phone: _____ Cell Phone: _____
 I can receive text messages: YES NO

Email Address: _____

Male Female Age: _____ Date of Birth: _____

School: _____ Grade Level: _____

Member of a 4-H Club Name of Club: _____

Explain why you would like to attend Junior 4-H Camp.

Give a brief background of your 4-H experiences.



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Parent / Guardian Information

Name: _____

Home Phone: _____

Cell Phone: _____

I can receive text messages: YES NO

Email Address: _____

Explain the reason(s) financial aid is needed to provide the opportunity for your child to attend 4-H Junior Camp.

Please mark your annual household income. Include all sources such as employment, government assistance, child support, alimony, etc.

- Less than \$10,000 \$10,000 - \$20,000 \$20,000 - \$30,000
- \$30,000 - \$40,000 \$40,000 - \$50,000 More than \$50,000

How many youth(s) are in your household? _____ How many adults are in your household? _____

Circle any benefits you receive: WIC TANF SNAP Free

Agreement

I hereby certify that all of the entries on this application are true and complete. I understand that any falsification of information herein constitutes cause for dismissal. (Proof of income may be required to receive scholarship assistance)

Printed 4-H Member Name

Signature

Date

Printed Parent / Guardian Name

Parent / Guardian Signature

Date