Scholarship Application for Camp/Event Funding

(Examples but not limited to: Kansas 4-H Ambassador, Kansas 4-H Citizenship, Sunny Hills Camp, Discovery Days)

\$ Scholarshi	p Application (Please fi to reque	ill in the dollar amount that you would like
	1	ty Extension Office by April 15th.
Applicants and the status of their appl		otified within two weeks about the
First Name	Last Name	Local Club Name
Age Home Pho	one Number	Cell Phone Number
Address		
CitySta	ateZip Code_	
E-Mail Address		
Which camp/event a	re you planning on atter	nding?
This is my first time	attending a State-Wide	Kansas 4-H Event? Yes No
If no, what other Sta	te-Wide Kansas 4-H Ev	ents have you participated in?
If no, what other yea	ars have you attended in	the past?
Why do you want to	attend this camp/event?	,

If you do not receive a scholarship will you still be able to attend? (If you would not be able to attend, please elaborate as to why. All responses will be kept confidential.)					
What do you hope to bring home to your Local Club after attending this camp/event?					
4-Her's Signature	date	Parent or Guardian Signature	date		
Extension Agent Signature	date				