Scholarship Application for Camp/Event Funding

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

\$\$	Scholarship Application (Please fill in the dollar amount that you would like to request.)						
			nty Extension Office by Apr	il 15th.			
	nts and their lo		notified within two weeks ab	out the			
First Nan	me	Last Name	Local Club Name				
Age	_ Home Phone	Number	Cell Phone Number				
Address_							
City	State_	Zip Code	2				
E-Mail A	ddress						
Which ca	mp/event are y	ou planning on atte	ending?				
This is m	y first time atte	ending a State-Wide	e Kansas 4-H Event? Yes!	No			
If no, wh	at other State-V	Vide Kansas 4-H E	vents have you participated in?				
If no, wh	at other years h	nave you attended i	n the past?				
Why do y	ou want to atte	end this camp/event	t?				

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						