

LAKE COUNTY 4-H COUNCIL
SUMMER CAMP SCHOLARSHIP APPLICATION

(form to be completed by parent or guardian)

UC Cooperative Extension/4-H Office • 883 Lakeport Blvd., Lakeport, CA 95453

Phone: (707) 263-6838 • FAX: (707) 263-3963

Date: _____

1. Parent/Guardian Name: _____
2. Relationship to camper: _____
3. Mailing Address: _____
4. Please explain your financial need for this award:

5. 4-H Members Name: _____
6. 4-H Members Grade Level: _____
7. How many years has the camper been in 4-H? _____
8. What are their projects of interest? _____
9. Annual Family Income: ☐ 0-30,000 ☐ 31,000-44,000 ☐ 45,000 +
10. Is a Parent/Guardian attending as a Chaperone? ☐ YES ☐ NO
11. Parent/Guardian Signature: _____

(Signing this application certifies that the data listed by the applicant is correct.)

RETURN COMPLETED APPLICATION TO THE LAKE COUNTY 4-H OFFICE BY April 28th