

Financial Assistance Application



Christian County 4-H Camp 2025

This form is optional: it is only for those requesting financial assistance. A completed camp form and \$75.00 deposit must be turned in with this application

Camper's Name:	Age: Birthdate:		
	School:		
Mailing Address:	Phone Number:		
City: State:	ZIP:		
Military: No No			
Are you applying for a full or partial scholarship? Full S	cholarship (\$165.00) Partial Scholarship		
Has Camper attended 4-H Camp before? Yes No If yes, number of years: No Would you be willing to complete community service hours as part of a scholarship? Yes No If no, why? No List the 4-H Clubs, Projects, or Activities camper has participated in this year:			
		Financial Information:	
		Monthly Household Income (Include alimony, child support	t, social security - include all money received by any persons
		living in the home) \$/monthly	
Number of siblings attending 4-H Camp this summer:			
Number of children living in home:			
Number of adults living in home:			
Do you receive food stamps? Yes No If yes, how much?			
Include any additional information that you would like the 4 determining your financial eligibility:	-H Camp Financial Assistance Committee to consider when		
The 4-H Camp Financial Assistance Application will be rev receiving financial assistance will be notified after April 25, camper's spot. By signing below, I do hereby certify that the	2025. A \$75.00 deposit is required in order to hold the		
Signature of parent/guardian:	Date:		
	by April 1, 2025		

Mail or deliver by April 1, 2025 Christian County Extension Service 2850 Pembroke Road Hopkinsville, KY 42240

Cooperative Extension Service MARTIN-GATTON COLLEGE OF AGRICULTURE, FOOD AND ENVIRONMENT

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