



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: _____
Parent/Guardian Names: _____ School: _____
Mailing Address: _____ Phone Number: _____
City: _____ State: _____ ZIP: _____

Military: Yes No

Are you applying for a full or partial scholarship? Full Scholarship (\$165.00) Partial Scholarship

Has Camper attended 4-H Camp before? Yes No If yes, number of years: _____

Would you be willing to complete community service hours as part of a scholarship? Yes No

If no, why? _____

List the 4-H Clubs, Projects, or Activities camper has participated in this year:

Financial Information:

Monthly Household Income (Include alimony, child support, 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-H Camp Financial Assistance Committee to consider when determining your financial eligibility:

The 4-H Camp Financial Assistance Application will be reviewed by the 4-H Financial Assistance Committee. Those receiving financial assistance will be notified after April 25, 2025. A \$75.00 deposit is required in order to hold the camper's spot. By signing below, I do hereby certify that the information contained herein is correct.

Signature of parent/guardian: _____ Date: _____

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



Disabilities accommodated with prior notification.