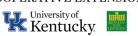


## Financial Assistance Application Christian County 4-H Camp 2024



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:	<del> </del>	School:
Mailing Address:		
City: State:		ZIP:
Military: Yes No		
Are you applying for full or partial financial assistance?	Full Partia	al
Has Camper attended 4-H Camp before?  Yes No If yes, number of years:		
Would you be willing to complete community service hours		
If no, why?	•	
List the 4-H Clubs, Projects, or Activities camper has partic		
Financial Information:		
Monthly Household Income (Include alimony, child suppor	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 determining your financial eligibility:	4-H Camp Financ	ial Assistance Committee to consider when
The 4-H Camp Financial Assistance Application will be revreceiving financial assistance will be notified after April 22 camper's spot. If the financial assistance is granted, this deport 4-H Camp check-in. By signing below, I do hereby certification.	, 2024. A \$75.00 oosit may be refun	deposit is required in order to hold the ided on May 27, 2024 which is the morning
Signature of parent/guardian:		Date:
	r by April 1, 2024	
·	y Extension Servi	ce
	nbroke Road lle, KY 42240	

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