

2018 SUMMIT COUNTY 4-H HORSE CAMP SCHOLARSHIP APPLICATION

Name:	
Parents/Guardian:	
Phone:	
Email:	
4-H Advisor:	Phone:
Scholarship requested: <input type="checkbox"/> Full (\$200.00) <input type="checkbox"/> Partial amount requested: \$_____	
Have you received a scholarship in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Questions for the Camper:

If you need more money than you have available, how do you plan to raise the amount needed?

Please attach a short essay (250 word max) telling us why you think you should receive a scholarship and why you want to attend camp.

****Remember, applications filled out by the parents generally will not be considered.**

(Use extra paper if necessary)

Parents:

The purpose of offering the gift of Horse Camp to a youth is to provide an opportunity to a child that would NOT otherwise have this opportunity available. Please briefly explain why you feel your child is a candidate:

My parents and I have reviewed this application and agree that it is truthful and accurate in content.

4-H Member _____

Date _____

Parent/Guardian _____

Date _____