



4-H CAMP SCHOLARSHIP APPLICATION

Please complete this form and mail: UT Extension Office, P.O. Box 918, Linden, TN 37096 or bring to our office at 113 Factory Street (located in the Azbill Community Center) by **May 17, 2024**.

Child's Name: _____

Age: _____ School: _____

Grade in School as of Jan. 1, 2024: _____

Address: _____

City: _____ State: _____ Zip: _____

Parent/Guardian Name: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

While financial need will not be the sole determining factor, it is our goal to award scholarships to those students who may not otherwise have the opportunity to attend 4-H Camp.

I certify that our household income for 2021 was:

\$0-\$20,000 ___ \$21,000-\$40,000 ___ \$41,000-\$60,000 ___ \$60,000 + ___

Number of people living in the household _____

Optional: Please describe any other circumstances that might affect your family's ability to afford the camp this year. _____

I agree and understand the scholarship conditions. To the best of my knowledge the enclosed information is correct.

Parent/Guardian Signature: _____ Date: _____

For more information or questions, please call our office 931-589-2331.