

**Due
April
1st**

4-H camp overlook 2012 Scholarship Application Form

For Franklin and St. Lawrence County Campers Only!
 You need only fill out one scholarship application per family.
 This form must be filled out completely and returned with your camp application(s) by **April 1st, 2012** in order to qualify.
 355 West Main Street, Suite 150, Malone, NY 12953
 Phone: (518)483-4769 Fax: (518)483-6214
 Email: campoverlook@cornell.edu

| | |
|-------------------|---------------------------------------|
| Office Use | <input type="checkbox"/> Franklin |
| | <input type="checkbox"/> St. Lawrence |
| | \$ _____ Deposit Amount |
| | \$ _____ 2011 \$ _____ 2012 |
| _____ | |
| Date Notified | |

All information is strictly confidential. Please contact our office if you need help with this form.

Section 1 Child's Information List each child applying for a scholarship.

| Name | Address | Age | Male or Female | 4-H Member ? |
|------|---------|-----|----------------|--------------|
| 1. | | | M F | Y N |
| 2. | | | M F | Y N |
| 3. | | | M F | Y N |
| 4. | | | M F | Y N |

Section 2 Parent / Guardian Information

| Name | Address – if different from child's | Phone |
|------|-------------------------------------|-------|
| | | () |
| | | () |

| | |
|---|--|
| Has your child received a scholarship in the past? Y N | Did your child attend camp with that scholarship? Y N |
|---|--|

Please describe any specific financial situations that your family faces that would make it difficult for you to pay the camp fee for your child.

Section 3 You must list ALL sources of income in this section for ALL adults living in this home with the child(ren)
Family Information – Application will not be considered if this section is not fully completed.

| Names of ALL Adults living in this household | What is your relationship to camper? | Are you employed? | Place of Employment | TOTAL Monthly income |
|--|--------------------------------------|-------------------|---------------------|----------------------|
| | Guardian Mother / Stepmother | Y or N | | |
| | Guardian Father / Stepfather | Y or N | | |

Number of ALL dependent children living in the home: _____

Ages of children: _____

Does the family and/or child receive public assistance? Y or N

Type of Assistance: You may qualify for other assistance. Please answer this question **COMPLETELY**.
 Example: Public Assistance from the Department of Social Services, Social Security, Veterans Benefits, Unemployment, Child Support, etc.

Please turn over and complete the other side.

What would you consider the single most important reason for your child to attend 4-H Camp Overlook this year?

| | |
|--|---|
| To promote health and physical development | To have a good relationship with an adult as a role model |
| To develop relationships with others his/her own age | To give the child & parents a break in situations where tensions at home are high |
| To increase self-confidence and maturity | To have a change of environment |
| Explain: | |
| | |
| | |
| | |
| | |

Section 4 The more information we have, the easier it will be to determine a family and child's need for a scholarship. Please write any additional information here that you feel would help our selection committee to better understand the scholarship or special needs of your child.

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| |

There are no full scholarships available. What amount would you need for each child to attend camp? _____
 Cloverbud Camp: \$165.00 Traditional Overnight Camp: \$340.00

I am applying for a scholarship for the following camp sessions.

| Week | Dates | Camp | Week | Dates | Camp |
|------|--------------------|-----------------------|------|-----------------------|-----------------------|
| CB | June 28 to June 30 | Cloverbud | 4 | July 22 to July 27 | Traditional Overnight |
| 1 | July 1 to July 6 | Traditional Overnight | 5 | July 29 to August 3 | Traditional Overnight |
| 2 | July 8 to July 13 | Traditional Overnight | 6 | August 5 to August 10 | Traditional Overnight |
| 3 | July 15 to July 20 | Traditional Overnight | | | |

Remember!

In order to be considered for a camp scholarship we must receive your completed camp application along with your \$75 deposit and this scholarship form by April 1st, 2012.

The selection committee will meet shortly after April 1st to distribute the available funds so it is important to have your paperwork in by the due date. Scholarship notification will be mailed as soon as possible after the Selection Committee meeting.

Health Forms and final Payments must Be received By
June 1st