

2020 Ross County 4-H Camper Scholarship Due: May 1

Return this Form AND Camp Application AND Health Form. All 3 forms must be complete.

OFFICE USE ONLY

Date received _____

Approved _____ Amt _____
 Denied _____

- **May 1** – Scholarship Form Due (not a postmark date, must be in office by 4:30pm)
 Send to: OSU Extension Ross County, 475 Western Ave., Suite F, Chillicothe, OH 45601
- **May 10** – Camp Fees Due
- **MUST** attach a copy of front page of federal tax return (1040/1040A/1040EX form) and documentation of additional income, or Scholarship will be **denied**. All information kept confidential.

No Supporting Documentation of Income = No Scholarship

Circle Camp Attending:	Cloverbud (age 5-8)	Junior (grade 3,4,5)	Senior (grade 6,7,8,9)	Teen (high school)
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CHILD'S NAME _____			
AGE (as of 1/1/2020) _____		DATE OF BIRTH ___/___/_____	
MALE ___		FEMALE ___	
ADDRESS _____ <small>(street) _____ (city) _____ (zip) _____</small>			
PHONE (home/cell) _____		PHONE (work) _____	
4-H CLUB _____	SCHOOL _____	GRADE (on Jan. 1) _____	

PRINT NAME: Father/Legal Guardian/Custodial Parent: _____

Occupation: _____ Approx. Yearly Net Income (AFTER TAXES) _____

PRINT NAME: Mother/Legal Guardian/Custodial Parent: _____

Occupation: _____ Approx. Yearly Net Income (AFTER TAXES) _____

Is child's family eligible to receive or currently receiving:

Free or reduced lunch program? YES NO W.I.C.? YES NO Food Stamps? YES NO

Additional Income/Assistance Received per Month – List Amount & Source (i.e. Social Security, Child Support, Disability, Housing, etc.). Attach documentation. _____

Number of Persons Living in Household: Adults _____ Children under 18 _____

Are you paying to send your child to other camps this summer (i.e. Sports, Church, Scouts)? YES NO

List other camps & fees and how you are funding _____

~~✍~~ PARENT/GUARDIAN PRINT NAME: _____ DATE: _____

~~✍~~ PARENT/GUARDIAN SIGNATURE: _____