



University of California
Agriculture and Natural Resources

Cooperative Extension Sutter-Yuba Counties

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TO: Yuba/Sutter Counties 4-H Community Club Leaders
FROM: Megan Osbourn, 4-H Program Representative
DATE: March 8, 2012
RE: Camp Scholarship Application

The Sutter Yuba Counties 4-H Council has allotted scholarships for members who may meet all or part of the following criteria:

- | | |
|-----------------------------------|----------------------------|
| Must be currently enrolled in 4-H | Disabled |
| Low income | Other special circumstance |
| Underrepresented group member | |

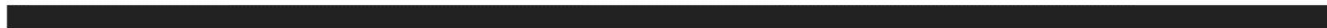
- **The County Council is aware that many clubs already sponsor member’s Camp fees.** Like enrollment scholarships, the Camp Scholarship is for those particular circumstances where the family or club cannot meet the need for assistance.
- **The amount of scholarships awarded will depend upon the funds available and the number of applicants.**
- **Preference may be given to those 4-H members who have not previously been granted a scholarship.**
- **Members will likely only receive either an enrollment scholarship or a camp scholarship, but not both.**
- **Only Youth Members are eligible for Camp Scholarships.**
- **Scholarship recipients will be expected to attend and work at the “camp workday” scheduled prior to camp** (if unable to participate, explanation must be provided).

Attached is a scholarship application form that can be duplicated as needed. The form must be completed and returned to the 4-H Office in an envelope marked “CONFIDENTIAL – ENROLLMENT SCHOLARSHIP” no later than **May 1, 2012**.

The Executive Committee will review the applications and notify the requesting Community Club Leader/s as to whether the applicants are granted or denied assistance. If granted, monies will automatically be transferred to the Camp subaccount.

Due to the sensitivity of this matter, please keep applicant data confidential.

Thank you for your cooperation.



Camp Scholarship Form

Submit to the 4-H Office in a sealed envelope marked "CONFIDENTIAL- ENROLLMENT SCHOLARSHIP" by **May 1, 2012. ONE FORM PER APPLICANT.**

NAME: _____ CLUB: _____

ADDRESS: _____

PHONE: _____ EMAIL: _____

AGE: _____ YEARS IN 4-H: _____ NUMBER OF OTHER 4-H MEMBERS IN FAMILY: _____

CHECK ALL APPROPRIATE BOXES:

Under-represented Minority;

Specify: _____

Disabled/Special Needs;

Describe: _____

Low Income:

Number in Household: _____

Public Assistance Program: _____

OTHER SPECIAL CIRCUMSTANCES - Explain below:

Reason for Scholarship request: (BE SPECIFIC, use additional sheet if needed)

Is the member able to participate in at least one Camp Workday to alleviate their cost?

YES NO

(Member or Parent signatures are not required if the Club Leader is applying on behalf of the member)

MEMBER SIGNATURE: _____ DATE: _____

PARENT SIGNATURE: _____ DATE: _____

I certify that this child is a 4-H member in good standing:

COMMUNITY LEADER SIGNATURE: _____ DATE: _____

OFFICE USE ONLY:

Granted *Denied*