



# Floyd 4-H Camp

## Financial Assistance Application

### 2023



Camper Information:

Name: \_\_\_\_\_  
 (Please use the same name that you put on your registration form.)

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

School: \_\_\_\_\_ Age: \_\_\_\_\_

Are you involved in other 4-H activities? (check one)  Yes  No

Please list your 4-H activities: \_\_\_\_\_

\_\_\_\_\_

Parent/ Guardian information:

Father's Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Number of children in household (including camp applicant): \_\_\_\_\_

What school does the child attend? \_\_\_\_\_

Has the child attended 4-H camp before?  Yes  No

Has the child attended another camp before?  Yes  No

Where? \_\_\_\_\_

With whom does the child reside?

- Father
- Mother
- Both
- Other: (explain)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**All financial requests are due to Floyd County Extension Office No later than Feb. 24<sup>th</sup>.**

Please do not pay for camp before you receive a response for this application. Refunds sometimes take over 6 weeks to process. **You will be notified before the registration deadline!**

**Mail to: Floyd 4-H Camp, 209 Fox St. NW, Floyd, VA 24091.**

(See reverse side.)

What is the current family situation? Please include household members, financial information, and why a scholarship is being requested. **All information will remain confidential.**

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Recommendation from Guidance Counselor, Social Worker, Public Health Nurse, etc. (optional)

Name: \_\_\_\_\_

Relationship to Camper: \_\_\_\_\_

Comments: \_\_\_\_\_

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**To be completed by the child:**

**\*REQUIRED\***

Why do you want to attend 4-H camp?

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I certify that all of the above information is true and correct. I understand that my child may receive a full, partial, or no scholarship to attend camp.

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

For Office Use Only:

Scholarship Approved: Yes \_\_\_ No \_\_\_

Amount of Scholarship:\$ \_\_\_\_\_

Scholarship Fund Source: \_\_\_\_\_