



SCROGGINS STATE CAMP/EVENT

SCHOLARSHIP APPLICATION

FORD & GRAY COUNTY



NAME: _____

AGE: _____

4-H CLUB: _____

YEARS IN 4-H: _____

CAMP APPLYING FOR: _____

COST OF CAMP: _____

PROJECTS ENROLLED IN: _____

THIS IS MY FIRST TIME ATTENDING A STATE-WIDE KANSAS 4-H EVENT? YES NO
IF NO, WHAT OTHER STATE-WIDE KANSAS 4-H EVENTS HAVE YOU PARTICIPATED IN?

IS THIS YOUR FIRST TIME ATTENDING THIS CAMP YOU ARE APPLYING FOR? YES NO
IF NO, WHAT OTHER YEARS HAVE YOU ATTENDED THIS CAMP? _____

WHY DO YOU WANT TO ATTEND THIS CAMP? *(100 words – use another sheet of paper if needed.)*

IF YOU DO NOT REVIEW A SCHOLARSHIP, WILL YOU STILL BE ABLE TO ATTEND THIS CAMP? *(IF YOU WOULD NOT BE ABLE TO ATTEND, PLEASE ELABORATE AS TO WHY. ALL RESPONSES WILL BE KEPT CONFIDENTIAL)*

4-H'ERS SIGNATURE

DATE

PARENT OR GUARDIAN SIGNATURE

DATE

****A THANK YOU NOTE WILL BE REQUIRED BY EACH RECIPIENT BEFORE FUNDS ARE DISTRIBUTED TO CAMPER****