

Baca County Camp Scholarship Application

Member Name: _____ Age: _____

4-H Club: _____ Phone Number: _____

Name to be on Reimbursement Check: _____

Name of Camp Attending: _____

Registration Fee: _____ 25% of Registration Cost: _____

I, _____, am applying for a Baca County 4-H Council Camp Scholarship. The scholarship is for 25% of the cost of registration of my out of county camp registration costs. I understand that by signing and submitting this form along with my camp registration on or before the posted deadline, I am committing to attending the camp. I understand that I am responsible for 100% of camp costs up front. In order to receive my scholarship reimbursement I am responsible for signing up for and working one designated scholarship concession stand shift during the Baca County Fair and presenting a short presentation about my camp experience to my 4-H Club or the Baca County 4-H Council. The concession stand shift is in addition to my club shifts. These requirements will need to be completed for each scholarship applied for. In the event that I do not complete my concession stand shift, present to my club or council, and/or do not attend or complete the camp, my reimbursement is forfeited.

Member Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Leader Signature: _____ Date: _____