

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: \_\_\_\_\_