



**Baca County 4-H Council
Camp/Conference Scholarship Application**

Name:		Age:	
4-H Club:		Phone Number:	
Camp/Conference Attending:			
Registration Fee:		25% of Registration Fee:	

I, _____, am applying for a Baca County 4-H Council Camp/Conference Scholarship. The scholarship is 25% of the registration fee to attend. I understand that by signing and submitting this form along with my camp/conference registration on or before the posted deadline, I am committing to attending the camp/conference. I understand that I am responsible for 100% of registration costs up front. To receive my scholarship reimbursement, I am responsible for presenting a short presentation about my experience to my 4-H Club or the Baca County 4-H Council. This requirement will need to be completed for each scholarship applied for. In the event I do not present to my club or council, and/or do not attend or complete the camp/conference, my reimbursement is forfeited.

Member Signature:

Date:

Parent/Guardian Signature:

Date:

Leader Signature:

Date:

****Application must be submitted to Baca County Extension Office prior to attending the camp/conference listed to qualify for scholarship funds.****