

2024 Pickaway County 4-H Camper Scholarship

All information kept confidential.

1. Complete Scholarship Form. ****You MUST** attach a copy of front page of federal tax return (1040/1040A/1040EX form) AND supporting documentation of any additional income, or the scholarship will be **automatically denied.****
2. Complete Camp Application Form and Camp Health Form
3. Forms must be in the office by **4:30 pm on May 22** (not a postmark date).
Send to: OSU Extension Pickaway County, 110 Island Rd Suite B, Circleville, OH 43113
4. Contact us after **June 1** for award decision at 740-474-7534. **Total amount of camp fee is due by July 1.**

OFFICE USE ONLY

Date received _____

Approved _____ Amt _____

Denied _____

CHILD'S NAME: _____ AGE: _____

COMPLETE MAILING ADDRESS:

HOME PHONE _____

WORK PHONE _____

SCHOOL _____ GRADE _____

4-H CLUB _____

(street)

(city) (zip)

PRINT NAME Father/Legal Guardian/Custodial Parent: _____

Occupation: _____ Approx. Yearly Net Income (AFTER TAXES) _____

PRINT NAME Mother/Legal Guardian/Custodial Parent _____

Occupation: _____ Approx. Yearly Net Income (AFTER TAXES) _____

Remember ~ you must provide supporting documentation of income to be considered for assistance

Is child's family eligible to receive or currently receiving:

Free or reduced lunch program? YES NO W.I.C.? YES NO Food Stamps (SNAP benefits)? YES NO

Additional Income /Assistance Received per Month – List Amount & Source (i.e. Social Security, Child Support, Disability,

Housing, etc.) _____

Number of Persons Living in Household: Adults _____ Children under 18 _____

Are you paying to send your child to other camps this summer (i.e. Sports, Church, Scouts)? YES NO

List other camps & fees _____

~~✍~~ PARENT/GUARDIAN PRINT NAME: _____ DATE: _____

~~✍~~ PARENT/GUARDIAN SIGNATURE: _____