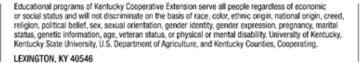


## 2025 TAYLOR COUNTY 4-H CAMP SCHOLARSHIP APPLICATION



Child's Name:	Child's Birthday:	
Additional Children Attending Car	mp:	
Name of Parent or Guardian(s):		
	(List only those with which the child lives)	
Mailing Address:		
Phone Number:	Email Address:	
School Attending:	Grade Completing:	
Has your child been involved in 4-	H? If so, please describe involvement.	
-	s? Welfare? Single Parent or Single Household Income?	
If so, attach a copy of your benefi	ts received.	
What is the household's source of	f income? Please list all <b>sources</b> , including any assistance.	
List ages of all members of the ho	usehold:	
List and describe any events or sit your need for a camp scholarship.	cuations which have occurred over the past year that help to demonstrate .	
commitment from the family and	offered. Scholarships are only offered in partial amounts to have some to help more families. How much do you feel you can pay per child toward uired \$100 deposit?	
Has your child (or a sibling to this	child) previously received a 4-H Camp scholarship? Yes No	
f so, how many 4-H Camp Scholarships have been awarded to this family in previous years?		





	Date submitted:
ADDITIONAL QUESTIONS	Deposit Amount Paid:
	Amount Awarded:
Parents, ask your child:	
Why do you wish to attend camp?	
Parent, why do you want your child to attend camp?	
raicht, why do you want your child to attend camp.	
Has your child participated in other Taylor County 4-H activities	, clubs, workshops/etc.? Please list below:
4-H'er Signature:	Date:
Parent Signature:	Date:
4-H camp Scholarships are allocated through a non-biggiven, only partial scholarships will be provided. Recip	
donor if selected. Contact the Taylor County Extension	•

Office Use

Return to: Kelly Rexroat
Taylor County Extension Office
1143 South Columbia Avenue
Campbellsville, KY 42718

at (270) 465-4511.

Or email to kelly.rexroat@uky.edu

\*DEADLINE TO APPLY: April 18, 2025\*