



4-H CAMP 2025
Application for Assistance
(4-H Member Information)

NAME _____ **BIRTHDATE** _____

MAILING ADDRESS _____

MALE _____

FEMALE _____

RACE _____

TELEPHONE NUMBER _____

Name of Parents or Legal Guardian _____

Tell what you have done in 4-H: (projects, day camps, club member etc.)

PARENTS(S) COMPLETE THIS

Total family income _____

Number in family _____

Do you have a sibling who is planning on attending camp this year? _____

The total cost of camp is \$200.00 for the 1st 75 and \$325.00 once those spaces are filled.

What portion of your child's camp fee can you pay? _____

(Most assistance for camp fee is partial.)

These are questions asked by sponsors.

The information supplied on this application is true.

(Signature of Parent or Guardian)

Date _____

Application must be turned in by May 13, 2025

