

**Hancock County 4-H  
Shooting Education Camp Scholarship Application**

**Date Due: April 15, 2016**

*(These credits are only awarded to campers)*

*This form is to be submitted to the Extension Office*

Name \_\_\_\_\_ Phone \_\_\_\_\_

Complete  
Address \_\_\_\_\_  
Number Name of St./Rd. City Zip

Parent(s) Name \_\_\_\_\_ Grade in School \_\_\_\_\_

4-H Club \_\_\_\_\_ Number of Years in 4-H \_\_\_\_\_

Date of Birth \_\_\_\_\_ Number of children in the family (Counting 4-Her): \_\_\_\_\_

Number of family members attending camp this year: \_\_\_\_\_ Number of years I have attended camp: \_\_\_\_\_

Father's Place of Employment: \_\_\_\_\_ Job Title: \_\_\_\_\_

Mother's Place of Employment: \_\_\_\_\_ Job Title: \_\_\_\_\_

In the space provided, please answer the following statement:

“Why I want to attend Ohio 4-H Shooting Education Camp & why I need to receive financial assistance.”

(Over)



Describe your participation in 4-H (include 4-H activities, shooting sports activities, and club offices held):

Please advise the committee of any circumstances which need additional consideration. (i.e.: qualify for school lunch assistance, single parent, job loss, live with grandparents who have fixed income, etc.)

Applicant's Signature \_\_\_\_\_

Parent/Guardian's Signature \_\_\_\_\_