

Cumberland 2021 Junior 4H Camp Financial Assistance Application

Please complete one form per child. To apply, please return this completed form by **May 24th to:**



Cumberland Extension Office
P.O. Box 80
Cumberland, VA 23040

All information provided in this application will remain confidential.

| | | | |
|--|-------------|-------------------------|--------|
| Child's Name: | | Phone: | |
| Age: | Birthdate: | Years in 4-H: | |
| Address: | | | |
| Email: | | | |
| School Child Currently Attends: | | | Grade: |
| With whom does the child reside? <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both <input type="checkbox"/> Other | | | |
| If other, Name: | | Relationship: | |
| Father's Name: | Occupation: | Employer: | |
| Mother's Name: | Occupation: | Employer: | |
| Number of Other Children in Household: | | Ages: | |
| Household Income Verification –choose one of the following documents and attach a copy to this form: 1 - <input type="checkbox"/> Paystub Paid: <input type="checkbox"/> weekly <input type="checkbox"/> biweekly <input type="checkbox"/> monthly 2- <input type="checkbox"/> Dept. of Social Services (DSS) Determination of Benefits form 3 - <input type="checkbox"/> Copy of 2020 W-2 tax form | | | |
| Once information is verified...this document and all supporting documents are shredded. | | | |
| ** A \$50 deposit is required in order to be considered for a scholarship. | | | |
| Has this child participated in the 4-H program in previous years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, year(s): | | | |
| Has this child received a 4-H Scholarship in previous years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, year(s): | | | |
| Does the child/family receive Food Stamps? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Does the child/family receive Medicaid? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Does the child/family receive TANF? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Is there additional information that you would like the scholarship committee to consider? | | | |
| I certify that the above information is true and correct. I understand that my child may or may not receive a scholarship. | | | |
| Parent's Signature: | | Date: | |
| Jr. Camp scholarships are available but funds are limited. Due to the increasing numbers of scholarship requests each year, we DO NOT offer full scholarships. Remaining balances must be paid at least 2 weeks prior to camp. | | | |
| Office Use Only: | | | |
| Amount of scholarship awarded: | | Amount due from parent: | |

