Cumberland 2022 Junior 4H Camp Financial Assistance Application

Please complete one form per child. To apply, please return this completed form by June 8th to:



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

All information provided in this application will remain confidential.								
Child's Name:	Child's Name:			Phone:				
Age:	Birthdat	rthdate: Ye			Years in 4-H:			
Address:								
Email:								
School Child Currently Attends:			Grade:					
With whom does the child reside? □Mother □ Father □Both □Other								
If other, Name: Relationship:								
Father's Name:		Occupation:				Employer:		
Mother's Name:		Occupation:		Employer:				
Number of Other Children in Ho	ousehold:		Ages:					
1 - Paystub Paid: weekly biweekly monthly 2 - Dept. of Social Services (DSS) Determination of Benefits form 3 - Copy of 2021 W-2 tax form Once information is verifiedthis 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? Pes No If yes, year(s):								
Has this child received a 4-H Scholarship in previous years? □Yes □No If yes, year(s):						If yes, year(s):		
Does the child/family receive Food Stamps? □Yes □No								
Does the child/family receive Medicaid?			□No					
Does the child/family receive TANF? □Yes □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:								
Amount of scholarship awarded: Amount due from parent:								