

## Cumberland 2025 Junior 4H Camp Financial Assistance Application

**Please complete one form per child. To apply, please return this completed form by **May 16th** to:**



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

Or email to [dplumley@vt.edu](mailto:dplumley@vt.edu)

**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"/> Guardian <input type="checkbox"/> Grandparent <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:	
<b>Please state the reason/need/hardship in applying for financial assistance -</b>			
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			
I certify that the above information is true and correct. I understand that my child may or may not receive a scholarship.			
<b>Parent's Signature:</b>		<b>Date:</b>	
<b>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 3-4 weeks prior to camp.</b>			
Office Use Only:			
Amount of scholarship awarded:		Amount due from parent:	