

# Rutgers Cooperative Extension of Somerset County Camp and Program Scholarship Application

Each year, Somerset County 4-H provides scholarship funds for these programs. Scholarships will be based on financial need. Priority will be given to 4-H members.

Please check which program you would like to apply for:

- |                                                |                                                          |                                            |
|------------------------------------------------|----------------------------------------------------------|--------------------------------------------|
| <input type="radio"/> Family Camp              | <input type="radio"/> Citizenship Washington Focus (CWF) | <input type="radio"/> NJTC                 |
| <input type="radio"/> LG Cook Residential Camp | <input type="radio"/> Leadership Washington Focus (LWF)  | <input type="radio"/> Science-Sational Day |
| <input type="radio"/> T.O.P.S. Camp            | <input type="radio"/> National Conference                | <input type="radio"/> Other: _____         |
| <input type="radio"/> Winter Camp              | <input type="radio"/> National Congress                  |                                            |

Child's Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ County \_\_\_\_\_

Birthdate \_\_\_\_\_ Age \_\_\_\_\_ Grade in School \_\_\_\_\_

Email \_\_\_\_\_

Is this child an active member in Somerset County 4-H club? \_\_\_Yes \_\_\_No

If yes, which club? \_\_\_\_\_

**PARENT'S STATEMENT:** Please make a short statement regarding your child's desire to attend one of these programs, also state your reasons for consideration. **Please use the back of the form.**

Please give an indication of your financial status by answering the following: (all information will be kept confidential)

Family net income (take home pay per month) \_\_\_\_\_ Number in immediate family \_\_\_\_\_

Are you a single parent? \_\_\_\_\_ Are your children eligible for school lunch subsidy? \_\_\_\_\_

Are you applying for full or partial scholarship? \_\_\_\_\_

Parent's signature \_\_\_\_\_

Please print parent's name \_\_\_\_\_

Parent(s) daytime phone number \_\_\_\_\_

**Please return to:** Rutgers Cooperative Extension "Scholarships"  
310 Milltown Road, Bridgewater, NJ 08807-3587

You can also fax the form to 908-704-1821 or e-mail SomersetCounty4H@co.somerset.nj.us