***Please register for camp prior to applying for scholarship due to limited openings**

4-H Tollgate Camps

Scholarship Application

(One week per year)

Participant Name_____

Parent Name_____

Address_____City_____Zip_____

Phone_____ Email_____

Name of camp and date for which you need the scholarship _____

Cost of Event $_____ Amount of scholarship you need (up to 50% of cost) $_____

Funds will be sent directly to the event registrar.

4-H Member Signature _____Parent Signature _____

Name of 4-H Club (if other than Tollgate Summer Camps) _____

PLEASE RETURN 2 WEEKS BEFORE YOUR EVENT REGISTRATION DEADLINE.

Please include your short paragraph describing why you wish to attend this event. Use the back of this page for your paragraph. **Do not use extra pages. Keep to 50 words.**

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Final decision for this scholarship will be determined by 4-H staff

Date Received _____

Date Reviewed _____

Date Processed _____

Amount Funded _____

Reply Sent _____

OAKLAND COUNTY 4-H

MICHIGAN STATE UNIVERSITY | Extension