



# LOUISA COUNTY 4-H CAMP SCHOLARSHIP APPLICATION



**DEADLINE TO SUBMIT: March 29, 2024**

**You will be notified by email sent no earlier than April 11, 2024. Complete all questions on both sides of application. Incomplete forms will be NOT be considered. All scholarships are partial. Payments will be due by May 1, 2024.**

CAMPER'S NAME: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

CAMPER'S NAME: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

CAMPER'S NAME: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

PARENT/GUARDIAN NAME \_\_\_\_\_

EMAIL (PLEASE PRINT LEDGIBLY!) \_\_\_\_\_

PHONE # (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ ALT PHONE # (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

***FAMILY INFORMATION: This information will remain confidential.*** (Application will not be considered if this is not complete).

Child lives with: \_\_\_ Both parents \_\_\_ Mother \_\_\_ Father \_\_\_ Guardian

Mother/Guardian's Employer \_\_\_\_\_ Part time \_\_\_ Full time \_\_\_

Father/Guardian's Employer \_\_\_\_\_ Part time \_\_\_ Full time \_\_\_

Other source of income: \_\_\_\_\_

How many people are dependent on the family for financial support? \_\_\_

Number and age of children in household #: \_\_\_\_\_ Age (s): \_\_\_\_\_

Has your child(ren) been granted a 4-H Camp Scholarship before? \_\_\_\_\_

If yes, when? \_\_\_\_\_

**The fee to attend 4-H Camp is \$285.00. (+ \$15 in fees if paying by Credit Card)**

How much can you pay toward the cost of camp? \_\_\_\_\_

**We will work out a payment plan for you in order to help your child get to camp. Please contact the office if you would like to discuss a payment plan. Jenny Thompson, 4-H Agent, [jthomp05@vt.edu](mailto:jthomp05@vt.edu) 540-967-3422**



Please describe any special circumstances you want the committee to consider while reviewing this application:

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**TOTAL FAMILY INCOME ANNUALLY: (From ALL sources)**

(Application will not be considered if this is not complete).

**Below 10,000** \_\_\_ **\$10,001-15,000** \_\_\_ **\$15,001-20,000** \_\_\_  
**25,001-30,000** \_\_\_ **30,001-35,000** \_\_\_ **\$20,001-25,000** \_\_\_ **Over \$35,000** \_\_\_

**PLEASE ATTACH PROOF OF INCOME WITH APPLICATION**

**Please initial the following:**

\_\_\_ I understand that in sharing this information, **I am not guaranteed a scholarship** from Louisa County 4-H and that there is only a limited amount of funding available.

\_\_\_ I understand that this is a request for **partial** payment of the camp fee.

\_\_\_ **YES, I agree to authorize Louisa County 4-H to contact and receive verification from the following organizations: (Please check any that you receive services from and wish to include.)**

\_\_\_ *Louisa County Public Schools Free and Reduced Lunch Program*

\_\_\_ *Louisa County Social Services*

\_\_\_ *Region Ten Community Services Board*

\_\_\_ *Other Organization: (Please specify and list contact information)* \_\_\_

This consent is valid until: \_\_\_\_\_

\_\_\_ I can withdraw this consent at any time by telling the referring agency. This will stop the listed agencies from sharing information after they have been informed that my consent has been withdrawn.

\_\_\_ I have the right to know what information about me has been shared and why, when, and with whom it was shared. If I ask, each agency will show me this information. I want all of the agencies listed to accept a copy of this form as a valid consent to share information. If I do not sign this form, information will not be shared. I will be responsible for contacting each agency individually to give them information about me that they need, or I will need to provide a copy of my latest Federal Income Tax return.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(signature of consenting parent or guardian)

## Income Scale for 4-H Scholarships

The following scale will be used to help determine minimum payment per child. **If there are other circumstances affecting the family's ability to pay, the amount of scholarship may be increased if funds are available.**

### ONE CHILD:

INCOME	PAYMENT
Below \$10,000	\$55
\$10,001 - \$15,000	\$75
\$15,001-\$20,000	\$95
\$20,001 -\$25,000	\$105
\$25,001 - \$30,000	\$125
\$30,001 - \$35,000	\$145
Over \$35,000	\$165

### TWO CHILDREN:

INCOME	PAYMENT
Below \$10,000	\$85
\$10,001 - \$15,000	\$105
\$15,001-\$20,000	\$125
\$20,001 -\$25,000	\$145
\$25,001 - \$30,000	\$165
\$30,001 - \$35,000	\$220
Over \$35,000	\$240

### THREE CHILDREN:

INCOME	PAYMENT
Below \$10,000	\$120
\$10,001 - \$15,000	\$150
\$15,001-\$20,000	\$180
\$20,001 -\$25,000	\$210
\$25,001 - \$30,000	\$250
\$30,001 - \$35,000	\$330
Over \$35,000	\$360



Return Form by March 29th, 2024 To:

**Virginia Cooperative Extension**

**PO Box 399**

**Louisa, VA 23093**

**Or in-person at**

**200 East Main Street**

**Louisa VA 23093**

**We also have a black drop box at our office location.**



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