



# Johnson County 4-H APPLICATION FOR CAMP SCHOLARSHIP 2025

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4-H Youth Development Agent  
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### Camper Information

Full Name \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Age on July 14th 2025 \_\_\_\_\_

### Parent/Guardian Information

#### Parent/Guardian 1:

Full Name \_\_\_\_\_ Address \_\_\_\_\_  
Relation to Camper \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

#### Parent/Guardian 2:

Full Name \_\_\_\_\_ Address \_\_\_\_\_  
Relation to Camper \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

### Camper Household Information

Gross Income \_\_\_\_\_ Total number of people in the household \_\_\_\_\_  
Do you have multiple campers attending this year? \_\_\_\_\_ If so, how many? \_\_\_\_\_  
What is the most you can afford to pay toward camp fees this year? \_\_\_\_\_

Please briefly state the reason you are applying for a camp scholarship.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Information Verification

I certify that all above information is correct and that all income is reported. I understand that the application is to be turned in by March 15th 2025 to the Johnson County Extension Office. I further understand that this application will be reviewed by members of the Johnson County Adult Council Camp Scholarship Committee as well as Family Resource Center Coordinator from my campers school if applicable. I understand that I am responsible for paying any amount not covered by the scholarship by May 9th 2025. If I am unable to pay the remainder I will notify the 4-H Agent before that date.

\_\_\_\_\_  
Signature of Adult Household member

\_\_\_\_\_  
Date

### For FRYSC & Council Use Only:

I have reviewed the application and: (please check one and forward to Extension Office).

- \_\_\_\_\_ recommend 1/2 scholarship based on need
- \_\_\_\_\_ recommend FULL scholarship based on need
- \_\_\_\_\_ do not recommend scholarship based on need

\_\_\_\_\_  
Signature of FRYSC Coordinator or Scholarship Committee Chair

\_\_\_\_\_  
Date

