

Cumberland Junior 4H Camp Financial Assistance Application

Please complete one form per child. To apply, please return this completed form by May 27th to:



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

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"/> Other			
If other, Name:		Relationship:	
Father's Name:	Occupation:	Employer:	
Mother's Name:	Occupation:	Employer:	
Number of Other Children in Household:		Ages:	
Does this child participate in the free or reduced lunch program? <input type="checkbox"/> No <input type="checkbox"/> Free <input type="checkbox"/> Reduced			
Approximate Household Income: (to include government TANF benefits, worker's comp, unemployment, etc.) <i>Please include a copy of your most recent federal tax return if your child does not receive free or reduced school lunches.</i>			
Amount of Scholarship Requested(please check one): <input type="checkbox"/> Full <input type="checkbox"/> Half <input type="checkbox"/> Partial \$_____ (amount requested)			
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			
Is there additional information that you would like the scholarship committee to consider?			
I certify that the above information is true and correct. I understand that my child may or may not receive a scholarship. By signing this application I give permission to the Cumberland Extension Office to verify with the school system if the child listed on this application receives support in the form of free or reduced lunch.			
Parent's Signature:		Date:	
Scholarship funds are generously provided by local Cumberland residents, organizations, and businesses.			
Office Use Only:			
Amount of scholarship awarded:		Amount due from parent:	