

**Due
April
15th**

4-H Camp Overlook 2008 Scholarship Application Form

For Franklin and St. Lawrence County Campers Only!

You need only fill out one scholarship application per family.
This form must be filled out completely and returned with your
camp application(s) by **April 15th, 2008** in order to qualify.

355 West Main Street, Suite 150, Malone, NY 12953

Phone: (518)483-4769 Fax: (518)483-6214

Email: campoverlook@cornell.edu

Office Use	_____ Franklin
	_____ St. Lawrence
	\$ _____ Deposit Amount
	\$ _____ 2007 \$ _____ 2008
_____ Date Notified	

All information is strictly confidential. Please contact our office if you need help with this form.

Section 1 Child's Information List each child applying for a scholarship.					
	Name	Address	Age	Male or Female	4-H Member ?
1.				M F	Y N
2.				M F	Y N
3.				M F	Y N
4.				M F	Y N
5.				M F	Y N

Section 2 Parent / Guardian Information		
Name	Address - if different from child's	Phone
		()
		()
Has your child received a scholarship in the past? Y N Did your child attend camp with that scholarship? Y N		
Please describe any specific financial situations that your family faces that would make it difficult for you to pay the camp fee for your child.		

Section 3 Family Information - Application will not be considered if this section is not fully completed.			
What is your relationship to camper? Circle One	Are you employed?	Place of Employment	Hours worked per week
Guardian / Mother / Stepmother	Y or N		
Guardian / Father / Stepfather	Y or N		
Number of dependent children living in the home: _____			
Ages of children: _____			
Does the family and/or child receive public assistance? Y or N			
Type of Assistance: _____ <small>Example: Financial Aid from the Department of Social Services, Social Security, Veterans Benefits, Unemployment, Child Support, etc.</small>			
Family's TOTAL gross income from ALL SOURCES :		\$ _____ Weekly Amount	OR
		\$ _____ Monthly Amount	OR
		\$ _____ Yearly Amount	

Please turn over and complete the other side.

Cornell University is an equal opportunity, affirmative action educator and employer.

FORM 3

What would you consider the single most important reason for your child to attend 4-H Camp Overlook this year?

To promote health and physical development	To have a good relationship with an adult as a role model
To develop relationships with others his/her own age	To give the child & parents a break in situations where tensions at home are high
To increase self-confidence and maturity	To have a change of environment
Explain:	

Section 4

This section is weighted very heavily, and MUST be completed! The more information we have, the easier it will be to determine a family and child's need for a scholarship. Please write any additional information here that you feel would help our selection committee to better understand the scholarship or special needs of your child.

We need a full scholarship for this child. Y or N

We can afford to pay part of the camp fee. We would need \$_____ for this child to attend 4-H Camp Overlook.

Cloverbud Camp: \$125 Traditional Overnight Camp: \$275

I am applying for a scholarship for the following camp sessions.

✓	Week	Dates	Camp		Week	Dates	Camp
	CB	July 3 to July 5	Cloverbud				
	1	July 6 to July 11	Traditional Overnight		4	July 27 to August 1	Traditional Overnight
	2	July 13 to July 18	Traditional Overnight		5	August 3 to August 8	Traditional Overnight
	3	July 20 to July 25	Traditional Overnight		6	August 10 to August 15	Traditional Overnight

Remember!

In order to be considered for a camp scholarship we must receive your completed camp application (Form 1) along with your \$75 deposit and this scholarship form by April 15th, 2008.

Health Forms (Form 2) must be received with final payment by June 15th, 2008.

The selection committee will meet shortly after April 15th to distribute the available funds so it is important to have your paper work in by the due date.

Scholarship notification will be mailed as soon as possible after the Selection Committee meeting.