



Cloverleaf Camp Scholarship Application- Rock Eagle 4-H Center June 17-21, 2024.

DIRECTIONS:

- Complete this application form in full (please print clearly)
- Attach a letter of recommendation from a current teacher. Included in the teacher's letter of recommendation must be:
 - o How long and in what capacity have you known the student
 - o The character, behavior, and classroom accomplishments of the student
 - Describe the student's ability to be a team player
- Attach a student statement along with the application and teacher recommendation. This statement should be a paragraph (or more) long statement, which can either be written by the child, or verbally stated by the child and copied down by the parent, that answers the question *"What will I gain from attending Georgia 4-H Summer Camp"*.
- Return the application, student statement, and teacher recommendation by **Monday February 5**, 2024 to the Cobb County Extension Office in person, via email at <u>chloe.patterson1@uga.edu</u>, in the Extension drop box located outside of the office, or by mail to 678 South Cobb Drive Suite 200 Marietta, GA 30060. These documents are used by the scholarship committee to award funds.
- You MUST come to the 4-H office to register your child for camp to remain eligible for the scholarship by February 16, 2024. A **\$100 deposit will be due at the time of registration to secure a camp spot for your child.** If your child is not selected to receive a scholarship and you no longer want to send your child to camp, your deposit will be refunded. Please contact Chloe Patterson if you have any concerns.

CRITERIA:

- Scholarships are for 4th-6th grade enrolled 4-H'ers based on need and activity level in Cobb 4-H.
- Scholarships are for half of camp tuition (\$435) unless there are more funds available. Awardees would have a remaining balance of \$117.50 after the initial \$100 deposit. After scholarships are awarded, the remainder of the camp payment must be paid by **May 1, 2024.**
- Applications turned in after the deadline of February 5, 2024, will not be considered.

*****Notification of scholarship will be made to you via email by February 12, 2024*****

Child's Name:	Gender:	
Parent/Guardian's Name:		
Address:		
City:	Zip:	
Grade: School:	Teacher:	
Parent Cell:	Parent Email	
How many children are in your family?	Ages:	
Has your child ever been to a residential cam	np before? Yes No	
If yes, what camp(s)?		
*Household Yearly Income:		
Information relative to finance	cial status is kept in strictest confidence by the schola	rship committee
Parent Signature		



An Equal Opportunity, Affirmative Action, Veteran, Disability Institution If you are an individual with a disability who may require assistance or accommodation in order to participate in or receive the benefit of a service, program, or activity of UGA, or if you desire more information, please contact us at least two weeks prior to the scheduled event. Please share details regarding financial need for a camp scholarship.

Please list your child's participation in 4-H activities. (Examples: school 4-H meetings, in class presentations, Project Achievement Publics Speaking Contest {Dowell and Newton County}, 4-H Specialty Clubs, 4-H special programs, etc.)

How will your child benefit from 4-H camp?

Additional information you feel will assist the scholarship committee in making decisions.