



Cobb County 4-H
 678 South Cobb Drive Suite 200
 Marietta, GA 30060
 770-528-4070



Cloverleaf Camp Scholarship Application- Rock Eagle 4-H Center June 16-20, 2025.

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:
 - *How long and in what capacity have you known the student*
 - *The character, behavior, and classroom accomplishments of the student*
 - *Describe the student’s ability to be a team player*
- Return the application and teacher recommendation by **Friday, January 31, 2025** to the Cobb County Extension Office in person, via email at chloe.patterson1@uga.edu, 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 4th**. **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 DeBuys 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 (\$222.50 granted) unless there are more funds available. Awardees would have a remaining balance of \$122.50 after the initial \$100 deposit. After scholarships are awarded, the remainder of the camp payment must be paid by **Thursday, May 1, 2025**.
- Applications turned in after the deadline of **January 31, 2025** will not be considered.

*******Notification of scholarship will be made to you via email by February 10, 2025*******

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 camp before? Yes _____ No _____

If yes, what camp(s)? _____

*Household Yearly Income: _____

Information relative to financial status is kept in strictest confidence by the scholarship committee

Parent Signature _____

