



Henrico 4-H Camp and Jamestown 4-H Center



Camper Scholarship & Tuition Assistance Program

Philosophy and Purpose

Each summer, the 4-H Center hosts up to 1800 youth in a diverse range of outdoor camping activities. We offer an exceptional camp for youth ages 9 to 18, bringing together youth of diverse backgrounds, religions, races, and cultures. Campers have an opportunity to explore shooting sports, swimming, low ropes teambuilding, outdoor living skills, marine science, canoeing, kayaking, volleyball, basketball, crafts and much more! The purpose of the Henrico 4-H and Jamestown 4-H Center Scholarship & Tuition Assistance Program is to create a diverse camp population by providing financial support to young people who would not otherwise have the resources to participate.

Eligibility for Assistance

Applicant must be: 1) demonstrate financial need based on the scholarship & tuition assistance application and parent/guardian's most recent IRS tax return, 2) be accepted for attendance through the county 4-H program as a camper or Counselor-In-Training (CIT). Not all eligible applicants will receive an award as funds are limited. Campers will be accepted without regard to race, color, national origin, sex, religion, disability, political beliefs, sexual orientation, or family status. Unfortunately Henrico County does not offer 100% scholarship to campers. A \$50 camp deposit is required with the Scholarship & Tuition Assistance application to hold the campers space. Notification of the granted scholarship amount and remaining camp balance will be sent to the camper by June 1st. If the camper is not able to attend and cancels by June 30th they are eligible for a refund.

Criteria for Awards

Scholarships are based on: 1) financial need, 2) potential for growth and development through the 4-H Camping experience, 3) funding availability. Parents/Guardians must agree to allow their children to attend 4-H Camp for the entirety of the week long session. Late arrival and/or early departure are not permitted.

How to Apply

Applicants must submit a completed Scholarship & Tuition Assistance application, including the Adult Instructor Recommendation on page 4, a copy of the most recent IRS return of the parent or guardian, (mark out Social Security numbers please), and a **\$50 check** (or money order) for a camp deposit to hold the camper space. Incomplete applications will not be reviewed. All applications are **due by Thursday, May 1st**. If you have any questions please call Kendra Young or Kristina Yager at (804)501-5160.

Return in an envelope marked "Confidential" and addressed to:

**Attn: 4-H Scholarships/Financial Assistance
VCE-Henrico County
P.O. Box 90775
Henrico, VA 23273-0775**

Checks are made payable to: Henrico 4-H Fund

Henrico 4-H Scholarship & Tuition Assistance Application 2014

DUE DATE: May 1st

(To Be Completed by Parent/Guardian)

Camper: First Name _____ Last Name _____

Address _____ City _____ State _____ Zip _____

County _____ Home Phone _____ Age _____ ☐ Male ☐ Female

Birthdate _____ ☐ New Camper ☐ Returning Camper _____ years at 4-H Camp

Parent(s) E-mail _____

School _____ Present Grade _____

Parent/Guardians: (Please list each parent or guardian who is fiscally responsible for camper.)

☐ Dr ☐ Mr ☐ Ms ☐ Mrs First Name _____ Last Name _____

Relationship ☐ Mother ☐ Father ☐ Other _____

Job Title _____ Employer _____ Years w/ Employer _____

☐ Dr ☐ Mr ☐ Ms ☐ Mrs First Name _____ Last Name _____

Relationship ☐ Mother ☐ Father ☐ Other _____

Job Title _____ Employer _____ Years w/ Employer _____

Family Size (at home) _____

Please list all dependents, starting with the applicant

Name	Age	Grade	School	Yearly Tuition	Scholarship

Financial Information:

Total Household Income:

_____ < \$19,000 _____ \$20-39,999

_____ \$40-59,999 _____ > \$60,000

Check any program which participant or parent/guardian receives:

SSI _____ WIC _____

TANF _____ Food Stamps _____

Other (Please identify by name)

Why do you feel your child needs a scholarship? Use the space below for explanations or circumstances you would like the committee to consider when reviewing your child's application.

Amount of Assistance Requested:

\$

Remember to attach the most recent IRS tax return—
please mark through the Social Security Number.

(To be completed by Camper)

All About the Camper ~ My Name is: _____

What do you like to do in your spare time? _____

Are you involved in any 4-H related activities now? Please describe them (school clubs, county programs, classes, competitions, etc.) _____

What classes would you want to take at 4-H Camp and what do you hope to learn? _____

How do you feel about living in a bunk room with 8-12 other people? _____

How do you feel about being away from home for a full week? _____

Why do you want to attend 4-H Camp; please attach extra pages if necessary. _____

Please check the answer that best describes your feelings about the following statements.

Statement	Strongly Agree	Agree	Strongly Disagree	Disagree
I can be myself around other people				
I can easily make new friends				
I can be a leader in the future				
I'm an important part of my community				

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VCE-Henrico County
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Henrico, VA 23273-0775**

DUE DATE: May 1st

Checks are made payable to: Henrico 4-H Fund in the amount of \$50

Henrico 4-H Scholarship & Tuition Assistance Application 2014
(To be completed by a person who instructs the applicant.)

Adult Leader/Instructor Recommendation Form

Applicant _____ **Leader/Instructor** _____ **Title** _____

School/Organization _____ **Years you've known this applicant** _____

Please describe your interaction with the applicant and experiences you have had with the individual. _____

From your experiences of working with the applicant please describe your observation of the applicants attitude, behavior, willingness to learn, enthusiasm, and cooperation with others. _____

How will this applicant benefit from the 4-H Camp experience? What do you hope they will learn at 4-H camp? _____

Please use the space below for additional explanations or circumstances you would like the committee to consider when reviewing this application. _____

If you have any questions, please contact **Kendra Young** or **Kristina Yager** at **(804)501-5160**.

This form may be mailed separately from the rest of the application. Please return as soon as possible to the student directly or to:

Attn: 4-H Scholarships/Financial Assistance
VCE-Henrico County
P.O. Box 90775
Henrico, VA 23273-0775
or fax to (804) 501-5169 or e-mail to kkyoung@vt.edu

DUE DATE: May 1st