

Return to the Petersburg 4-H Office by:
June 25, 2012

Petersburg Office
400 Farmer Street, Suite 218
Petersburg, Virginia 23803
804/733-1880 Fax: 804/733-1950
E-mail: smallory@vt.edu

PETERSBURG 4-H SCHOLARSHIP APPLICATION

To Parents/Guardians: This application is for subsidy for 4-H camping programs. Approval for funds will be based on total household income. Children are eligible for funding if families make 50% or less than the Virginia State Median Income. *For example: The Virginia State Median Income for a family of 4 is \$63, 278, if you make \$31,639 or less you are eligible to apply.* If there are questions, call or email the Petersburg 4-H office.

APPLICATION PROCEDURES

- A. You **must** attach proof of income (recent paycheck stub, W-2 form, etc.) or proof that the child is an ADC recipient or in foster care and the documentation to support "SSI", "SSA", or child support assistance.
- B. Please fill out a separate application for **each child**; be sure to answer every question. Awarded Recipient(s) will be notified by phone and/or letter by the Petersburg 4-H Office.

1. Name of child: _____ Sex: M F
2. Address of child: City/town: _____ Zip Code _____
3. Age: _____ Date of birth: _____ Race: _____
4. Child is living with: both parents mother only father only foster parents other: _____
5. Parents/Guardians or foster parents names and/or name of social worker: _____
6. Address of parents/guardians _____

	Street	City/town	State	Zip Code
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7. Phone(s): _____ (we **must** have a telephone contact)
8. Father's occupation: _____ Employer name: _____ Phone: _____
 Mother's occupation: _____ Employer name: _____ Phone: _____
9. **Total** number of people in household (include all adults and children): _____
10. Total Family Income: by week \$ _____ or by month \$ _____ or by year \$ _____
 List the sources of your income: Salary _____ Other _____ ADC \$ _____
 SSI \$ _____ SSA \$ _____ Child Support \$ _____
11. Name of schoolchild attends: _____
12. Was your child enrolled in a camping program last summer? Yes No
 If so, give name of program: _____
13. Please describe any special needs or handicaps: _____

Information to be completed and signed on back

14. Has the child participated in any 4-H events before? Yes No

If yes, what? _____

***REQUIRED* To be completed by the applicant**

15. Why do you want to participate in this 4-H program? _____

16. Recommendation from Guidance Counselor, Social Worker, Teacher etc. (Optional)

Name: _____

Relationship to Applicant: _____

Comments: _____

Please sign this statement. Participation in this program has been discussed with my child; she/he wants to attend. I approve and will see that she/he attends if funds are allotted for her/him. If she/he cannot attend, I will notify the Petersburg 4-H office **immediately** so someone else may receive funding.

Parent/Guardian Signature

Date

Participant Signature

Date

I certify that all of the above information is true and correct. I understand that my child may receive a partial or no scholarship to attend this Petersburg 4-H program.

Parent/Guardian Signature

Date

Participant Signature

Date

NOTE: This scholarship does not cover the non-refundable deposit fee. This application does not guarantee that your child will be awarded a scholarship. This scholarship is need based and will be determined by the scholarship committee.

**Applications are due to the Petersburg 4-H Office by specified date.
(Late applications will not be accepted)**

NOTE: Any Person Who Receives this Scholarship is Required to write a "Thank You" Message to Dear Donor before Money is Applied to the Camp Fee.

Mail Applications To: **Petersburg Cooperative Extension
Attn.: 4-H Agent
400 Farmer Street, Suite 218
Petersburg, Va. 23803**



Virginia Cooperative Extension programs and employment are open to all, regardless of race, color, national origin, sex, religion, age, disability, political beliefs, sexual orientation, or marital or family status. An equal opportunity/affirmative action employer. Issued in furtherance of Cooperative Extension work, Virginia Polytechnic Institute and State University, Virginia State University, and the U.S. Department of Agriculture cooperating. Edwin J. Jones, Director, Virginia Cooperative Extension, Virginia Tech, Blacksburg; Jewel E. Hairston, Interim Administrator, 1890 Extension Program, Virginia State, Petersburg.