4-H Junior Camp Partial Scholarship Application Please Print - Application Deadline: April 16

Name	Gra	de Gender:	boy or girl
School	Teacher_		
Parent's or Guardian's name			
Mailing address: (street)			
(City, state & zip code)			
Phone #: (H)	(W)	(Cell)	
E-mail:			
Has your child been to Junior 4-H		Did they receive a schol	arship?
My child participated in the follo Speech Demonstra	-	vities for the current scl	nool year:
Please list any 4-H Club, 4-H Proj sewing or cooking classes, livesto	ock club, etc.	nat your child attended	
Was your child eligible for free o How many people live in your ho Please list two references who ca	ousehold fulltime?		
Teacher recommendation- attac Parent Essay- attach a short par Student Essay- attach a short pa	ragraph about why your	child should attend car	mp.
	completed application to: F n R. Rice Blvd., Suite 101, N OR Fax to 615-89	Murfreesboro, TN 37129	
Please Print Parent or Guardian	Name		Date:
Parent or Guardian Signature		<u>-</u>	
You will be notified by Ap Scholarship status.	ril 30 of	For office use only:	