

**2024 CAMPERSHIP APPLICATION**  
**ASHTABULA COUNTY 4-H FOUNDATION (AC4-HF)**

**\*\*\* ALL applications must be postmarked or received in mail slot at 248 North Chestnut St by May 1, 2024\*\*\***

**OVERVIEW OF AWARD**

The Ashtabula County 4-H Foundation has dedicated a portion of the scholarship budget each year to provide financial assistance for a member to attend 4-H Camp Whitewood. The award is intended to assist a member that would not be able to attend camp for financial reasons.

**THE APPLICATION**

To be eligible for a campership, a member must be in good standing with Ashtabula County 4-H. The member must be currently enrolled in a 4-H club with an active project. Members who receive a campership, and then do not complete the 4-H project will not be eligible for camperships in the future.

\*\*\*\* Any questions on the application process please contact the Campership Committee\*\*\*\*

Kathy Maple 440-858-5023    Linda Springer 440-645-7739

**RETURN TO:**

**AC4-HF**

**248 NORTH CHESTNUT STREET**

**JEFFERSON, OHIO 44047**

**Re: Campership Application**

NAME \_\_\_\_\_

AGE \_\_\_\_\_ YEARS IN 4-H \_\_\_\_\_

CHECK ONE: (     ) CAMPER

(     ) COUNSELOR

4-H FOUNDATION CAMBERSHIP

RECIPIENTS MAY BE ASKED  
TO HELP AT ONE OF THE FOUNDATION  
FUNDRAISERS

Name \_\_\_\_\_ Age \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Email \_\_\_\_\_

(FOR OFFICE USE): APPLICATION NUMBER 2024- \_\_\_\_\_

**CAMPERSHIP APPLICATION**

**(OFFICE USE): APPLICATION NUMBER 2024-\_\_\_\_\_**

A. Father's occupation \_\_\_\_\_ live with father? (Y) (N)

B. Mother's occupation \_\_\_\_\_ live with mother? (Y) (N)

C. Guardian's occupation \_\_\_\_\_

How many people in your family are dependent upon income from the above sources? \_\_\_\_\_

Are there any other family members attending camp? (Y) (N)

If so, how many? \_\_\_\_\_

Number of years as a 4-H member \_\_\_\_\_ 4-H Club(s) \_\_\_\_\_

1) Please list 4-H projects taken:

---

---

---

2) Please explain why you would like to attend camp, or to be a camp counselor

---

---

---

---

---

---

---

3) Please list school, community, and other groups and activities:

---

---

---

---

---

4) Please explain the need for financial assistance to attend camp

---

---

---

---

---

---

---

Total cost for camp \$ \_\_\_\_\_

Deposit paid - \_\_\_\_\_

Other funds raised - \_\_\_\_\_

Balance \$ \_\_\_\_\_

---

If you are chosen as a recipient of a 4-H Foundation campership, you will be notified soon after our decision. Value of campership will vary depending on need, and number of applicants. If chosen, a check will be issued in your name and camp whitewood. You will need to endorse back of check, and submit to camp whitewood to be credited to your account.

\*\*\* Any application that is considered incomplete or false will be disqualified from consideration\*\*\*

**\*\*\*\*\*GOOD LUCK TO ALL APPLICANTS FROM THE AC4-HF!\*\*\*\*\***

**(OFFICE USE) APPLICATION NUMBER 2024- \_\_\_\_\_**

I affirm all information in this application to be correct. I also understand that incomplete or incorrect applications will be discarded any not considered for assistance.

Applicant signature \_\_\_\_\_

Parent or Guardian signature \_\_\_\_\_

Date \_\_\_\_\_