

2025 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, 2025 *****

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 CAMPERSHIP

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

Name _____ Age _____

Address: _____ City _____ Zip _____

Phone # _____ Email _____

(FOR OFFICE USE): APPLICATION NUMBER 2025- _____

CAMPERSHIP APPLICATION

(OFFICE USE): APPLICATION NUMBER 2025-_____

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 2025- _____

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 _____