



Aurora County 4-H Camp Fee Assistance Scholarship \$25

Year: _____

Name: _____ Phone #: _____

Parent's Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____

4-H Club: _____

What overnight camp did you attend? _____ **Bob Marshall** _____ **Poinsett**
_____ **Performing Arts** _____ **TLC**

What did you learn from Camp, TLC or Performing Arts? (*must be completed*) _____

To apply for the \$25 camp scholarship, you must tell at least one group of youth about Camp.

Name of one group that I told about Camp (Bob Marshall, Poinsett, Performing Arts, TLC):

_____ Signed by Leader of group: _____

I have completed my report and am submitting this application by December 31 of the current year to be eligible for the scholarship. "Don't forget to sign!"	
_____	_____
4-H Member Signature	Date

All signatures required to be eligible. Form must be received or postmarked by December 31 to:

Aurora County Extension Office
PO Box 397
Plankinton, SD 57368