



**Return to the Petersburg Extension
Office by May 28, 2024 to be considered**

VCE—City of Petersburg
3811 Corporate Rd.
Petersburg, Virginia 23805
804-733-1880 – 804-733-1950—Fax
E-mail: kirby2@vt.edu or almady@vt.edu

PETERSBURG 4-H SCHOLARSHIP APPLICATION

To Parents/Guardians: These funds are intended to provide an opportunity for youth who otherwise would be financially unable to participate in 4-H Summer Camp. Late or incomplete applications will not be considered. Preference is given to Petersburg residents first. This application does not guarantee that your child will be awarded a scholarship. This scholarship is need-based, and the award amount will be determined by the scholarship committee. This scholarship **does not** cover the non-refundable deposit fee.

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.

APPLICATION PROCEDURES

A. Please fill out a separate application for each child; be sure to answer every question. All applicants will be notified by phone and/or email by the Petersburg 4-H Office.

1. Camper's First and Last Name: _____ Sex: M F

2. Camper's Primary address: Street Address _____

City/town: _____ Zip Code _____

3. Parents/Guardians Name: _____

4. Contact Phone #(s): _____ **AND** Email Address: _____

5. Name of school camper attends: _____

6. Has the camper previously attended a 4-H summer camp? Yes No

If Yes, Where: _____

7. Has the camper participated in any 4-H events before? Yes No

If yes, please explain: _____

8. Please explain why you would like to attend junior 4-H Camp:
(MUST BE In the **child's** own words. Attach another sheet, if necessary)

Information to be completed and signed on back

REQUIRED

9. Is your annual HOUSEHOLD income LESS than or equal to \$60,000? *Include all sources such as employment, government assistance, child support, alimony, etc.*

(Check only one)

Yes No

10. **Total** number of children (ages under 18) in household: _____

11. **Total** number of adults (ages 18+) in household: _____

12. **Financial need: To be completed by parent/guardian:** Please explain the reason(s) scholarship is needed to provide the opportunity for your child to attend Junior 4-H Camp. *(Examples: recent loss of job(s), health condition, bankruptcy. Attach another sheet if necessary)*

Important: This application form is for financial aid only. Receiving financial assistance does not register your youth for camp. Camp registration forms are available through the Petersburg Extension Office. Your registration form must be submitted according to its instructions.

Please read and sign the following statements. 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.

By signing below, I hereby certify that all of the entries on this application are true and complete. I understand that any falsification or information herein constitutes cause for dismissal. 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

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

Submit the Application:

*****PREFERRED*****

By Email:

kirby2@vt.edu

OR

By Mail:

Virginia Cooperative Extension
3811 Corporate Rd
Petersburg, VA 23805

Individuals with disabilities desiring accommodations in the application process should notify the Petersburg Extension Office at (804-733-1880) by the application deadline.

*TDD number is (800) 828-1120.

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