



Note: Applications must be received by May 1, 2020. This is a new date, if you need an extension contact the 4-H Office.

Do you have any siblings applying for camperships? _____ If yes, how many? _____

E-mail: _____

[illegible]

Camper Name: _____

Amount requesting from the Merrimack County 4-H Foundation: \$ _____

NOTE: We do not give full scholarships.

Have you applied or received camp scholarship dollars from any other source? _____ If yes,
from whom _____ how much received? \$ _____

Total cost of the camp you would be attending: \$ _____

Has a deposit or registration fee been paid? _____ If yes, amount of the deposit or
registration fee paid: \$ _____

Date(s)/Week(s) you would be attending camp: _____

Name of camp you would be attending: _____

Address: _____

(Street/PO Box)

(Town)

(State)

(Zip)

Telephone number of camp: _____

Applicant and Parent/Guardian:

(Please sign and date below)

We realize we are responsible for all costs of camp above the dollar amount awarded by the Merrimack County 4-H Foundation. Further, I agree to send a note of thanks the Merrimack County 4-H Foundation. I also understand if for any reason I do not attend camp, I will reimburse the Merrimack County 4-H Foundation in full.

Applicant (Youth)

Date

Parent/Guardian

Date

Parent/Guardian –

**Please provide any additional information that will help us make our decision.
(Please attach separate sheet)**

**CAMPERSHIP REQUESTS DUE MAY 1st
TO THE 4-H OFFICE
315 DANIEL WEBSTER HWY. BOSCAWEN N.H. 03303**