



Hidden Valley 4-H Camp

Campership Nomination Form

Return by April 30, 2025

Child's Name: _____ Male: _____ Female: _____

Address: _____
Street City / Town Zip

COUNTY: _____

Telephone Number: _____ Child's Date of Birth: _____ Grade in School: _____

Parent / Guardian's Name: _____

Number of children in family: _____

Family Information:

FATHER EMPLOYED: Part Time: Laid Off: Seasonal: Not Working:
Full Time:

MOTHER EMPLOYED: Part Time: Laid Off: Seasonal: Not Working:
Full Time:

Nomination submitted by: _____

Telephone Number: _____

Relationship to nominated child: _____

Does the parent know the child is being nominated? _____

Does the child know that they are nominated for a scholarship? _____

Which camp do you believe this child would benefit from most? _____

Residential Camp

Day Camp

Cloverbuds Camp (Ages 6-7)

Will a campership make a difference in whether or not this child can attend camp? _____

Type of scholarship request: Full Amount Or Partial Amount

If partial payment selected, what dollar amount will help? _____

Has this child ever attended Hidden Valley 4-H Camp before? Yes No

Has your child received a campership in the past? _____ If so, when? _____

How many other members in your family will attend Hidden Valley 4-H Camp this summer?

Is your camper planning to attend more than one session of camp Beyond what the scholarship pays for)? _____

Reference Section

To be completed by someone other than a parent. Please provide an explanation of why you feel camper does or does not merit a campership. **Reference forms that do not include this statement may not be given full consideration.** Thank you.

I do / I do not recommend this application for a campership because (you can use back of the page too, please share how Hidden Valley 4-H camp will benefit and why campership is needed):
