



Lee County 4-H Camp Cloverleaf Summer Camp Scholarship Application



Name _____ Date _____

Address _____ Date of Birth _____

4-H Club Name _____

How long have you been a 4-H member? _____

4-H Leadership and/or positions held: _____

List any Community Service Activities you have been involved with:

Have you ever attended Camp? _____

Please tell us why you would like to go to camp:

Please describe your need for scholarship assistance:

**** Your Scholarship application will be reviewed by the Lee County 4-H Foundation Committee. You will be notified with acceptance/denial via written letter to your above address.**