



BOX BUTTE COUNTY CAMP SCHOLARSHIP FORM

Camper Name _____

Camp Title _____

Date of Camp _____

Total Cost of Camp (excluding transportation) \$ _____

Signature of 4-H Parent/Guardian _____

Date _____

Upon your return from camp, please share your camp experience with the 4-H Council. Please send a written report...photos are nice.... or tell about your camp experience at a 4-H Council meeting.

Camp Registration Fee \$ _____
4-H State Campership (if applicable) \$ _____
Balance Due.....\$ _____

4-H Council Scholarship \$ _____
(50% of balance due up to \$100)
Balance paid by 4-H Member \$ _____

