

**Cornell University**  
 Cooperative Extension  
 Schuyler County

**Schuyler County Human  
 Services Complex**  
 323 Owego Street, Unit #5  
 Montour Falls, NY 14865

Tel: 607 535-7161  
 Fax: 607 535-6813  
 E-mail: schuyler@cornell.edu  
 Web: www.cce.cornell.edu/schuyler



## Hidden Valley 4-H Camp Campership Nomination Form

**Return by April 15, 2021**

Child's Name: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

Address: \_\_\_\_\_

Street

City/Town

Zip

COUNTY: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Child's DOB: \_\_\_\_\_ Grade in School: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Number of children in family: \_\_\_\_\_

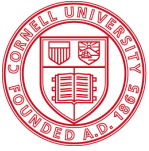
**Family Information:**

FATHER EMPLOYED

Full-time \_\_\_ Part-time \_\_\_ Laid off \_\_\_ Seasonal \_\_\_ Not working \_\_\_

MOTHER EMPLOYED

Full-time \_\_\_ Part-time \_\_\_ Laid off \_\_\_ Seasonal \_\_\_ Not working \_\_\_



## Campership Nomination Page 2

Nomination submitted by: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_

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 \_\_\_\_\_ Cloverbud Camp (Ages 6-7) \_\_\_\_\_

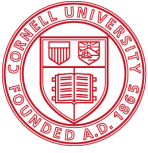
Will a campership make a difference in whether or not this child can attend camp? \_\_\_\_\_ Yes \_\_\_\_\_ No

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

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



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**Reference Section**

**To be completed by someone other than a parent.** Please provide 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/ do not (circle one) recommend this application for a campership because *(you can use the back of the page too, please share how Hidden Valley 4-H Camp will benefit and why campership is needed):* \_\_\_\_\_

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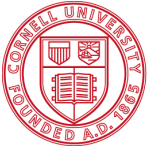
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\_\_\_\_\_



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Reference Name/phone: \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Zip code \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**Please return this completed application by April 15, 2021 to:**

Melissa C Schroeder  
Hidden Valley 4-H Camp  
323 Owego St., Unit 5  
Montour Falls, NY 14865

Thank you so much for submitting this nomination. The application will be revised by the Hidden Valley 4-H Camp Advisory Committee in May. We will let you know **by May 25, 2020.**