Schuyler County 323 Owego St #5 Montour Falls, NY 14865 Tel: 607 535-7161 Fax: 607 535-6813 E-mail: dk576@cornell.edu

Web: www.cce.cornell.edu/schuyler



# Hidden Valley 4-H Camp Campership Nomination Form

#### Return by April 20, 2024

Child's Name:	ł's Name:		Male:	Female:
Address:				
Street		City / To	City / Town	
COUNTY:				
Telephone Number:			f Birth:Gra	
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:
Nomination submitted by:				
Telephone Number:				
Relationship to nominated chil				
Does the parent know the chil				

Cornell Cooperative Extension is an employer and educator recognized for valuing AA/EEO, Protected Veterans, and Individuals with Disabilities and provides equal program and employment opportunities.

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Does the child know that they ar	e 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 differe	ence in whether or not this child	can attend can	np?		
Type of scholarship request:	Full Amount	Or	Partial Amount		
If partial payment selected, what	dollar amount will help?				
Has this child ever attended Hidd	den Valley 4-H Camp before?	Yes	No		
Has your child received a campe	rship in the past?	l	If so, when?		
How many other members in yo	ur family will attend Hidden Valle	y 4-H Camp th	is summer?		
Is your camper planning to atten	d more than one session of cam	Beyond what	the scholarship pays for)?		
	Reference Secti	on			
To be completed by someone does or does not merit a camper full consideration. Thank you.		•	nation of why you feel camper this statement may not be given		
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):					

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			_			
			_			
			_			
Reference Name / Phone:						
Parent / Guardian Name:						
Address:						
Street	State	Zip Code				
Signature of Parent / Guardian:						
Please return this competed application by April 15 <sup>th</sup> , 2024, to:						
Dayna Karius						

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 4H Camp Advisory Committee in May. We will let you know by **May 25<sup>th</sup>**, **2024**.