

## 2018 Financial Assistance Application Dane County 4-H Camp

(If financial assistance is needed for more than one child, please complete a form for each)

Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Club: \_\_\_\_\_

Grade (as of June, 2018): \_\_\_\_\_ Circle one: Male      Female

Has your youth attended Dane County 4-H Camp in previous years? \_\_\_\_Yes \_\_\_\_ No

Has your youth received financial assistance to attend Dane County 4-H Camp in previous years?  
\_\_\_\_ Yes      \_\_\_\_ No      Years: \_\_\_\_\_

Which camp will your youth be attending? \_\_\_\_Camp I (grades 3-5)      \_\_\_\_Camp II (grades 6-8)

Amount of assistance requesting: \_\_\_\_\_

If partial, please indicate amount requesting: \_\_\_\_\_

State briefly the reason for financial assistance request:

Please return completed form to:  
Dane County 4-H Camp Committee  
Dane County UW-Extension Office  
5201 Fen Oak Drive, Suite 138  
Madison, WI 53718

Deadline to apply for financial assistance is May 31, 2018.

Please submit this request with your registration form. Do NOT send payment until you hear from the Dane County 4-H Camp Committee.

Financial assistance may be available from the Nurse Kelly Memorial Fund. Requests are reviewed on an individual basis and decisions are made based on funds available.