



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 May 1, 2019

Child's Name: _____ Male: _____ Female: _____

Address: _____

Street

City/Town

Zip

Telephone Number: _____ Child's DOB: _____ Grade in School: _____

Parent/Guardian's Name: _____

Number of children in family: _____

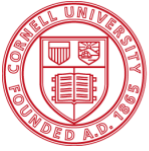
Family Information:

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 5-7) _____

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

Type of scholarship request (please circle): 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*):



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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 May 1, 2019 to:

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 30, 2019.