



Hello Campers and Parents!

Welcome to your 2017 summer camping season! Summertime is fast approaching and we are looking forward to a fun filled camp week **June 12-16, 2017** at 4-H Camp Timpoochee. We are glad you will be joining us this year!

All campers must be at least 8 years old by September 1, 2016. Campers 13-18 may be considered as Junior or Senior Counselors (if requirements are met: interview, community service hours, 4-H training.)

Complete and Return:

- Camp Registration Form
- 4-H Member Enrollment Form
- 4-H Participation Form
- Camper Policy Agreement
- Summer Food Service Form

Deadline:

- All camp forms are due on or before **4:30 PM May 12, 2017.**
- Balance **must** be received in the office on or before **4:30 PM, May 26, 2017.**
- **Submit your \$50 non-refundable deposit to save your spot ASAP!**

***Failure to pay your balance on MAY 26TH will result in losing your camp slot and being placed on the bottom of waiting list.**

Camper Camp Fee

\$250 total
- \$50 non-refundable deposit
\$200 due by **May 26, 2017**

Counselor Camp Fee*

\$190 total
- \$50 non-refundable deposit
\$140 due by **May 26, 2017**

***Camp counselors receive discount by completing counselor training program.**

Make checks payable to:

Walton County 4-H Association

Mandatory Parent/Camper Orientation:

Monday, June 5, 2017
6:00 until 7:30 PM
Walton County Extension Office

Enclosed you will find the necessary forms for camp. Please thoroughly read, complete, and return all forms included. We must receive your camp packet and \$50.00 non-refundable deposit to reserve your camp spot. **Camp spots are limited and will fill quickly. Be sure to reserve your spot as soon as possible with the paperwork and a \$50.00 non-refundable deposit.** A description of required forms is listed below. We appreciate your time and effort in this area! See you in June!

Your child's camp packet will include the following:

- Camp Registration Form
- 4-H Member Enrollment Form
Complete *only* if your child is not currently enrolled in Walton Co. 4-H
- FL 4-H Participation Form
DOUBLE CHECK medical updates (medicine, allergies, etc)
- Camper Policy Agreement
- Summer Food Service Form
If you do not wish to participate, please write, **"DECLINED"** across the form. If participating, this form **must be completed** to be eligible to receive the free/reduced lunch discounted camp fee. A **signature and Social Security # are required on this form to be eligible.**

During Camper Family Orientation we will send out Medication Forms for those youth that will be bringing medications to camp. We may also require additional forms in adherence to Florida 4-H and state and federal policies. If this occurs, we will contact you.

Sincerely,

Jena Brooks,

UF/IFAS Walton County Extension
4-H Youth Development Agent





4-H Camp Timpooshee

Registration Form

JUNE 12-16, 2017



- CAMPER (8-12 years old as of Sept. 1, 2016)
- Applicant –JUNIOR COUNSELOR (13-14 as of Sept. 1, 2016)
- Applicant –SENIOR COUNSELOR (15-18 as of Sept. 1, 2016)

Name: _____ Gender: Male Female

Address: _____ County: WALTON

City: _____ State: _____ Zip: _____

Phone: _____ Cell Phone: _____

Email: _____ 4-H Age as of Sep 1, 2016: _____

Choose one t-shirt size:

Adult Size T-shirt: S M L XL XXL OR **Youth Size T-shirt:** M L XL

Emergency Contact Information:

Primary Contact: _____ Phone: (____) _____ Cell (____) _____

Secondary Contact: _____ Phone: (____) _____ Cell (____) _____

Please note the following:

Only 40 openings are available for Walton County campers this year. Spaces will be filled in the order in which camp packets and the \$50.00 non-refundable camp deposit are received. All remaining registrations will be placed on a waiting list.

Camp Costs:

*Camp fees are \$250 and includes lodging, meals, camp t-shirt, and all activities.
\$50 non-refundable deposit must be included with this form to hold a camp spot.
 Remaining camp fees are due **NO LATER THAN May 26, 2017.**

Cell phones, MP3's, IPODs, Gameboys, and other electronics are NOT allowed at camp. Neither the county nor the camp is responsible for lost, stolen or damaged items.

For More Information, Contact:

Jena Brooks, 4-H Youth Development Agent
 Phone: 850-892-8172
 Email: brooks15@ufl.edu

4-H Office Use Only Below

- \$50 Non-refundable Deposit
- Camp Registration Form (yellow)
- 4-H Member Enrollment Form (white)
- 4-H Participation Form (white)
- Camper Policy Agreement (green)
- Summer Food Service Forms (blue)



Florida 4-H Youth Enrollment Form

Directions: After you have contacted your County 4-H Agent and chosen a local 4-H Program for your child to be a part of, you will need to complete a 4-H Youth Enrollment Form and a Florida 4-H Participation Form for Youth and Adults. **These forms can be completed online by a parent or a legal guardian at <https://florida.4honline.com>.** If parents or guardians do not have access to a computer, they may complete the Enrollment and Participation Forms and turn both into their County 4-H Agent or 4-H Club Leader. You will be contacted by your County Extension Office when your forms have been entered in 4HOnline.

Family Profile Information

Family Last Name: _____ Family E-mail: _____ Primary Phone: (_____) _____
 Address: _____ City: _____ Zip: _____
 Correspondence Preference: E-mail Mail 4-H County: _____ Primary 4-H Club: _____

Member Profile Information

Member E-mail (if different from Family E-mail): _____
 First Name: _____ Middle Name: _____ Last Name: _____
 Preferred Name: _____ Mailing Address (if different from Family Address): _____
 City: _____ State: _____ Zip Code: _____ Birth Date: ____/____/____
 4-H Age (as of September 1, 2016): _____ Number of years as a 4-H member, including current year: _____
 Parent/Guardian 1: First Name: _____ Last Name: _____
 Work Phone: (_____) _____ Cell Phone: (_____) _____
 Parent/Guardian 2: First Name: _____ Last Name: _____
 Work Phone: (_____) _____ Cell Phone: (_____) _____
 Emergency Contact (Other than Parents/Guardians) First and Last Name: _____
 Emergency Contact Phone: (_____) _____ Emergency Contact Relationship _____

Is the member a youth volunteer?* Yes No * If the member is a youth volunteer, a UF/IFAS Employee may contact you with further enrollment instructions.

Ethnicity: Are you of Hispanic ethnicity? Yes No
 Race: White Black Asian American Indian or Alaskan Native Hawaiian or Pacific Islander I prefer not to give my race.
 Gender: Male Female Residence: Farm Town Under 10,000 or rural non-farm Town/city 10,000-50,000
 Suburb of city more than 50,000 Central city more than 50,000

Parent or Sibling Serving in the Military: The member has a parent serving in the military. The member has a sibling serving in the military.
 A Family Member is in: Air Force Army Coast Guard DOD Civilian Navy Marines
 Branch: Active Duty National Guard Reserves

Grade: _____ School: _____ School is in my 4-H County? Yes No
 In 4-H in a county different from the County I live in. County I live in: _____
 In 4-H in 2 counties My 2nd 4-H County: _____ Club _____ Project _____ Year _____

Project Title	Years in Project	Project Book Title Needed http://florida4h.org/	Program Fees if Applicable:
			Club Fee/Dues Paid \$ _____
			<input type="checkbox"/> Purchase of Project Books Due \$ _____ Paid \$ _____ (Bal. Due: \$ _____)
For County Office Use Only: Date forms received in County Office _____ Date forms entered into 4HOnline Database _____			Total Amount Paid: \$ _____ Paid by Check <input type="checkbox"/> Check # _____ Paid by Cash <input type="checkbox"/>



Directions: This form, along with a Florida 4-H Youth Enrollment Form, must be completed by a parent or legal guardian in order for a youth to participate in the Florida 4-H Program. All items must be completed. Even if the response is not applicable – indicate by using N/A. Failure to complete this form in its entirety will result in the person being ineligible to participate in 4-H activities. Adult participants must also complete this form to volunteer with and/or participate in Florida 4-H.

Name: _____ Birthdate: ____/____/____ Youth's Age (As of Sept. 1, 2016): ____ Male or Female: ____
Last First
 Home Address: _____ 4-H County/District _____
 City, ST, Zip: _____ Home Phone (_____) _____
 Name of Parent/Guardian or Emergency Contact: _____ Relationship to Participant: _____
 Emergency Contact Primary Phone (_____) _____
 Name of Family Doctor: _____ Doctor's Office Phone: (_____) _____
 Health Insurance Company: _____ Policy #: _____
 Name of Insured: _____ Relationship to Participant: _____

HEALTH FORM

Does the participant have, or at any time had, any of the following? Check "Yes" or "No" to each item. Please explain any "Yes" answers (noting the # of the item) in the space below or on an additional sheet of paper if necessary. Reporting conditions will not prevent a person from attending and will be kept confidential.

Conditions	Yes	No
1) Asthma		
2) Bronchitis		
3) Convulsions		
4) Diabetes		
5) Ear Infection		
6) Fainting		
7) Heart Condition		
8) Headaches		
9) Hypoglycemia		
10) Serious Insect Stings		
11) Wear Glasses		

Conditions	Yes	No
12) Wear Contact Lenses		
13) Penicillin Allergy		
14) Aspirin Allergy		
15) Tetanus Allergy		
16) Other Drug Allergies		
17) Food Allergies		
18) Serious Ivy, Oak, or Sumac		
19) Sunscreen Allergies		
20) Other Allergies		
21) Other Health Conditions		

The following over-the-counter medications may be administered to my child, without contacting me. Check all that apply.

- Antihistamine
- Antacid
- Ibuprofen (Advil)
- Acetaminophen (Tylenol)
- Hydrocortisone
- Decongestant
- Dramamine
- Polysporin (topical antibiotics)
- Aloe Vera Gel for Sunburn
- Please contact me for permission to administer ANY over-the counter medications.

Date of Last Tetanus Shot ____/____/____

Please explain "Yes" answers and provide information on recent medical issues (including injuries and surgeries), allergic reactions, special dietary regulations, present medications, any specific activities to be restricted and other comments.

Does the participant use an inhaler and/or an EpiPen? Yes No If yes, mark which is used: Inhaler EpiPen

Disabilities: If the participant requires accommodations for a disability to participate in 4-H programs, please provide information about the disability.

Special Needs: If the participant requires accommodations for special needs to participate in 4-H programs, please provide information about the special needs.

Medical Consents

First Aid Consent: I give UF/IFAS Extension Florida 4-H my consent and permission to render general first aid treatment to my child or myself for any injuries or illnesses occurring during any Florida 4-H activity. I understand that if a medical emergency arises, Florida 4-H will contact emergency medical personnel [911] for assistance.

Medication Consent: I authorize Florida 4-H to administer medication (over the counter and/or prescribed) to my child as specified in the physician's written instructions or instructions on packaging. I understand that if my child needs medication to be administered while attending a Florida 4-H activity, I MUST complete the Florida 4-H Medication Form in addition to signing this consent.

_____ (Initials) Yes No I understand and agree to the Medical Consents. I am a Parent/Guardian or Adult Participant. *

* Consent is required to participate in Florida 4-H.

4-H Participation Form for Youth and Adults: Authorizations

Florida 4-H Code of Conduct for Youth and Adults: As a participant in 4-H at the local, state, or national level, I have the responsibility of representing the UF/IFAS Extension 4-H Youth Development Program to the public. Therefore, I am expected to conduct myself in a manner that will bring honor to me, my family, my community, and 4-H. To do that, I must abide by the following rules:

- (1) Obey local, state, and federal laws. Follow county, district, state and/or national 4-H policies. Abide by any special rules for a 4-H event or activity.
- (2) Speak and act in a responsible, courteous, and respectful way. Harassment, threats or bullying of any type is prohibited.
- (3) Act responsibly to maintain a safe environment for all participants. Acting in a manner that could endanger the health, safety or welfare of yourself or others is prohibited. Report threats to the well-being of any participant immediately to the adult in charge.
- (4) Possession or use of tobacco, alcohol, or illegal drugs is prohibited. Possession or use of approved medications by youth during a 4-H function must be reported to the adult in charge and must not be accessible to other participants.
- (5) Possession or use of weapons or other dangerous objects is prohibited, except when required as part of an approved educational program. Weapons are defined to include, but are not limited to, guns, knives and incendiary or explosive devices of any kind.
- (6) Respect all property, facilities, equipment, and vehicles. I will be responsible for any damage or other consequences resulting from my behavior.
- (7) Participate fully in 4-H functions. Be in the assigned program areas (example—dorms, cabins, programs, etc.) on time. If I am unable to attend or participate, I will tell the adult in charge. Help others have a pleasant experience by making every attempt to include all participants in activities.
- (8) Dress appropriately for each 4-H function.
- (9) Use of any mobile electronic device during a scheduled 4-H activity is prohibited unless activity-specific rules otherwise allow. When permitted, they should be used only in a manner that is consistent with the approved activity and not discourteous or disruptive.
- (10) The belongings of youth participants, including but not limited to bags, purses, computers, other electronic devices, lockers and vehicles, are subject to search and seizure by 4-H faculty/staff, and in some instances a volunteer designee, upon reasonable suspicion that a prohibited and/or illegally possessed substance or object is contained within that area. (If an adult is suspected, this will be handled by law enforcement.)

Youth or Adult Agreement: _____ (Initials) Yes No I have read the Florida 4-H Code of Conduct above and agree to abide by it in its entirety. I realize my failure to do so could result in a loss of privileges during a 4-H event and in the future; including but not limited to suspension or termination of 4-H membership or volunteer service.**

Parent/Guardian Agreement: _____ (Initials) Yes No I understand and agree to the Florida 4-H Code of Conduct above. **

General Release: In consideration for my and/or my child's participation in Florida 4-H, I hereby RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE Florida 4-H, the Florida 4-H Club Foundation, Inc., UF IFAS Extension, the University of Florida, the University of Florida Board of Trustees, and their respective employees, agents, representatives and volunteers (hereinafter referred to as "RELEASEES") from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by my child, or to any property belonging to me, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES or otherwise, while participating in a Florida 4-H activity or while in, on or upon the premises where a Florida 4-H activity is being conducted.

I am fully aware of the risks and potential hazards connected with participating in Florida 4-H activities and programs and I hereby elect to voluntarily participate and engage in such activities knowing that these activities may be hazardous to me, my child and my property. I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OF LOSS, PROPERTY DAMAGE OR PERSONAL INJURY, that may be sustained by myself, my child, or any loss or damage to property owned by me, as a result of engaging in such activities, WHETHER CAUSED BY THE NEGLIGENCE OF RELEASEES or otherwise.

_____ (Initials) Yes No I understand and agree to the General Release. I am a Parent/Guardian or Adult Participant. **

Transportation Policy: I understand that all volunteers and/or parents who transport Florida 4-H participants as a part of any 4-H activity are required to be 18 years or older, possess a valid driver's license with a safe driving record and automobile insurance, and otherwise comply with state and local laws. Additionally, Florida 4-H requires that drivers utilize a transport vehicle that is in good repair and working order. I understand that transportation to and from many Florida 4-H activities, not a part of the activity, is the responsibility of the participant and his/her family. Florida 4-H has no ownership or control over any privately owned vehicles and relies on the drivers' compliance to 4-H policies and procedures.

_____ (Initials) Yes No I understand and agree to the Transportation Policy. I am a Parent/Guardian or Adult Participant. **

Publicity Release: I authorize UF/IFAS Extension and the Florida 4-H Club Foundation, Inc. or their assignees to record and photograph my image and/or voice (or that of my child if under 18) for use in research, educational and promotional programs. I also recognize that these audio, video and image recordings are the property of UF IFAS Extension and the Florida 4-H Club Foundation.

_____ (Initials) Yes No I authorize use of my—or my child's individual image and voice. I am a Parent/Guardian or Adult Participant ***

Survey & Evaluation Release: I hereby establish my willingness to participate as an adult (i.e. 4-H leader, other volunteer, parent/guardian, site manager, etc.) and give permission for my child (under 18 years of age) to complete surveys and evaluations that will be used to determine program effectiveness or to promote the program. I understand that participation in surveys and evaluations is voluntary and that my child and I may choose not to participate and may withdraw from surveys and evaluations without impact on my or my child's eligibility to participate in the 4-H program. I understand that my child or I may be asked for consent before completing a survey or an evaluation.

_____ (Initials) Yes No I am willing to participate—or give permission for my child to participate—in any program evaluation. I am a Parent/Guardian or Adult Participant ***

**Consent is required. Marking "No" for the Code of Conduct, General Release and Transportation Policy will prevent the individual from participating in Florida 4-H.

***Consent is not required to participate in Florida 4-H.

Youth or Adult Member Signature : _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Camp Policy Agreement Form

- **CELL PHONES / ELECTRONIC DEVICES:** Campers/Counselors are **NOT** allowed to bring cell phone or any other electronic devices to camp. If a camper is found with a cell phone, parents will be called to pick up their child from camp immediately.
- **GRAFFITI:** Images or words written, scratched, painted or sprayed on walls or surfaces is strictly forbidden. Campers will be held responsible for damages and/or costs associated with cleanup, repair or removal of graffiti.
- **BULLYING/HORSEPLAY:** There is a no tolerance policy of bullying and/or horseplay. Campers should immediately notify their 4-H Agent of any behavior of this kind so that it may be dealt with immediately. If deemed inappropriate, the camper will be sent home immediately.

4-H Camper: I, _____, understand that the above camp policies are for my safety, well-being and benefit while at 4-H Camp. I agree to comply with the above camp policies.

Parent: I, _____, understand that the above camp policies are for the safety, well-being and benefit of my child while at 4-H Camp. I agree to comply with the above camp policies.

Camp Release

This authorization form must be completed in full for someone other than the signing parent to pick up a child from camp in the case of illness or other unforeseen event.

I, _____, as parent/guardian for the child listed above, authorize the persons listed below to pick up my child in the case of an unexpected emergency.

List names of persons below authorized to pick up child from camp. Persons leaving camp will be required to check out and show license or other picture ID as proof of identification.

<u>Signature of Parent/Guardian</u>	<u>Date</u>	<u>Signature of Parent/Guardian</u>	<u>Date</u>
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If divorced with joint custody, both parents must sign form.

Special Dietary Needs

Please list ALL food allergies or sensitivities for the camper and any necessary precautions to take:

List any food restrictions for the camper and food substitutes that may be considered:

**HOW TO COMPLETE THE SUMMER FOOD SERVICE PROGRAM
MEAL BENEFIT INCOME ELIGIBILITY FORM
(For Camps and Closed Enrolled Sites)**

Please complete the following form using the instructions below. Sign the form and return it to: [Name of Sponsor]

If you need help, call [phone number of Sponsor]

Follow these instructions, if your household gets FOOD STAMPS, TANF or FDPIR:

- Part 1:** List participant's name and a Food Stamp, TANF or FDPIR case number.
- Part 2:** Skip this part.
- Part 3:** Skip this part.
- Part 4:** Sign the form. A Social Security Number is not necessary.
- Part 5:** Answer this question if you choose to.

If you are applying on behalf of a FOSTER CHILD, use a separate application for each foster child and follow these instructions:

- Part 1:** Enter the child's name.
- Part 2:** Please contact us at [phone number of Sponsor]
- Part 3:** Skip this part.
- Part 4:** Sign the form. A Social Security Number is not necessary.
- Part 5:** Answer this question if you choose to.

ALL OTHER HOUSEHOLDS, including WIC households, follow these instructions:

- Part 1:** List each participant's name.
- Part 2:** Skip this part.
- Part 3:** Follow these instructions to report total household income from last month.
 - Column A–Name:** List the first and last name of each person living in your household, related or not (such as grandparents, other relatives, or friends who live with you). You must include yourself and all children living with you. Attach another sheet of paper if you need to.
 - Column B–Gross income last month and how often it was received.** Next to each person's name, list each type of income received last month, and how often it was received.
 - In Box 1, list the **gross income** each person earned from work. This is not the same as take-home pay. **Gross income is the amount earned before taxes and other deductions.** The amount should be listed on your pay stub, or your boss can tell you. Next to the amount, write how often the person got it (weekly, every other week, twice a month, or monthly).
 - In box 2, list the amount each person got last month from welfare, child support, alimony.
 - In box 3, list Social Security, pensions, and retirement.
 - In box 4, list ALL OTHER INCOME SOURCES including Worker's Compensation, unemployment, strike benefits, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), disability benefits, regular contributions from people who do not live in your household. Report net income for self-owned business, farm, or rental income. Next to the amount, write how often the person got it. If you are in the Military Housing Privatization Initiative do not include this housing allowance.
 - Column C–Check if no income:** If the person does not have any income, check the box.
- Part 4:** An adult household member must sign the form and list his or her Social Security Number, or mark the box if he or she doesn't have one.
- Part 5:** Answer this question if you choose to.

Privacy Act Statement: This explains how we will use the information you give us.

Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly.

**SUMMER FOOD SERVICE PROGRAM
MEAL BENEFIT INCOME ELIGIBILITY FORM
(For Camps and Closed Enrolled Sites)**

Part 1. Children enrolled in Camp or Closed Enrolled Sites. (Use a separate application for each foster child)

Names (First, Middle Initial, Last)	Food Stamp, TANF or FDPIR case # (if any). Skip to Part 4 if you listed a case #.

Part 2. Foster Child
In certain cases, foster children are eligible for free and reduced-price meals regardless of household income. If foster children live with you, please contact [name of Sponsor] at [phone number]. Skip to Part 4.

Part 3. Total Household Gross Income—You must tell us how much and how often

A. Name (List everyone in household, including children) <i>(Example) Jane Smith</i>	B. Gross income and how often it was received <i>Example: \$100/monthly \$100/twice a month \$100/every other week \$100/weekly</i>				C. Check if NO Income
	1. Earnings from work before deductions	2. Welfare, child support, alimony	3. Social Security, pensions, retirement,	4. All Other Income	
	\$200/weekly	\$150/weekly	\$100/monthly	\$ / /	<input type="checkbox"/>
	\$ / /	\$ / /	\$ / /	\$ / /	<input type="checkbox"/>
	\$ / /	\$ / /	\$ / /	\$ / /	<input type="checkbox"/>
	\$ / /	\$ / /	\$ / /	\$ / /	<input type="checkbox"/>
	\$ / /	\$ / /	\$ / /	\$ / /	<input type="checkbox"/>
	\$ / /	\$ / /	\$ / /	\$ / /	<input type="checkbox"/>
	\$ / /	\$ / /	\$ / /	\$ / /	<input type="checkbox"/>

Part 4. Signature and Social Security Number (Adult must sign)
An adult household member must sign this form. If Part 3 is completed, the adult signing the form must also list his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on the back of this page.)

I certify that all information on this form is true and that all income is reported. I understand that that this information is being given for the receipt of Federal funds. I understand that SFSP officials may verify the information. I understand that if I purposely give false information, the participant receiving meals may lose the meal benefits, and I may be prosecuted.

Sign here: X _____ Print name: _____ Date: _____
Address: _____ Phone Number: _____
Social Security Number: _____ I do not have a Social Security Number

Part 5. Participant's ethnic and racial identities (optional)

Mark one ethnic identity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	Mark one or more racial identities: <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Black or African American	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander
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Don't fill out this part. This is for official use only.

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24, Monthly x 12
Total Income: _____ Per: Week, Every 2 Weeks, Twice A Month, Month, Year
Household size: _____
Categorical Eligibility: ___ Date Withdrawn: _____ Eligibility: Free ___ Reduced ___ Denied ___
Reason: _____
Temporary: Free ___ Reduced ___ Time Period: _____ (expires after ___ days)
Determining Official's Signature: _____ Date: _____
Confirming Official's Signature: _____ Date: _____
Follow-up Official's Signature: _____ Date: _____

**SUMMER FOOD SERVICE PROGRAM
MEAL BENEFIT INCOME ELIGIBILITY FORM
(For Camps and Closed Enrolled Sites)**

Privacy Act Statement: The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the social security number of the adult household member who signs the application. The social security number is not required when you apply on behalf of a foster child or you list a Food Stamp, Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number for your child or other (FDPIR) identifier or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the Program.

Non-discrimination Statement: In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write to *USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington DC 20250-9410* or call (800) 795-3272 or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.

2017 4-H Summer Camp Scholarship Application

(Complete both pages of the application separately for EACH CHILD)

DEADLINE FOR SCHOLARSHIP APPLICATION IS May 19, 2017 @ 4:30 PM

Applicants will be notified by Friday, May 26 if they have received a camp scholarship and will be expected to pay the remaining balance by May 26, 2017.

Scholarships to camp are offered to those participants and their families who have expressed a sincere financial need for assistance and will be evaluated based on the following criteria by an outside panel of volunteers. Scholarships are based on need and available funds. It is likely that not every family/child who applies will be eligible or will be granted a scholarship. It is the intention of the Walton County 4-H program to have as many qualified and deserving participants acquire some assistance to attend camp.

Applicant Name:

Family income/member ratio:

Family members: _____ # children 8-18 years old living at home: _____

Of children from same family applying to attend camp: _____

Household income combined: \$ _____

**4-H club participation – How are you currently involved in Walton County 4-H?
 (Check ALL that apply)**

_____ Active (as defined by club charter) Club Member in _____ Club.

_____ Club Officer in _____ Club

_____ Parent/Volunteer with _____ Club

_____ My child/I are not participating in any Walton County 4-H Activities or Clubs.

_____ I have received 4-H Camp Scholarship award(s) in previous years.

My child(ren)/family qualify to receive Free and Reduced Lunch through the district school system.

_____ **YES*** If you indicate yes, there is additional paperwork included in your camp registration packet aka Summer Foods Program form you must complete.

_____ **NO**

On the back of this page please explain to the committee in your own words any compelling need for the assistance in going to camp. Examples would be: grandparent raising grandchild, job loss, home loss, military family, motivational factor for student to achieve in school, etc. (attach additional sheets as needed)

Applicant # _____

Date: _____

Attention: Tri-County Summer Recreation Fund

**4-H Program: 2017 Walton County 4-H Summer Camp,
June 12-16, 2017 @ Camp Timpooshee**

The following child has registered with Walton County 4-H to participate in the 4-H Summer Camp Program from June 12-16, 2017:

Child's Name: _____

Parent's Name: _____

⇒ **4-H Summer Camp Registration Fee: \$215.00** (Regular Fee \$250—Summer Food Program \$35 = \$215.00)

You must provide Tri-County with the following:

- The last 30 days of income (household)
- Picture ID
- Social Security Cards for everyone in the house

➔ A copy of this form, approved by Tri-County, must be returned to the 4-H Office no later than May 12, 2017 to participate in the 4-H Summer Camp. This form may be mailed to the address above, brought to the 4-H Office, or FAXED to 850-892-8443

Please forward the check to:

Walton County 4-H Association
732 N. 9th Street
DeFuniak Springs, FL 32433

Tri-County Use Only:

Approved by: _____

Date: _____

Thank you for your continued support of the Walton County 4-H Program!

4-H is a community of young people across America who are learning leadership, citizenship, and life skills. 4-H is open to all youth between the ages of 5-18 regardless of gender, race, creed, color, religion, or disability.

