



THE UNIVERSITY OF ARIZONA

Cooperative Extension



Paper Clover Scholarship Fund Application

Please submit this application to request scholarship funds to financially assist Arizona 4-H members to attend a camp or leadership activity. Please attach a registration form from the camp or leadership activity, if applicable, or provide the address funds should be mailed to. Application must be received with appropriate time for processing, before the scheduled event.

Applicant Information

County: _____ Date: _____

Applicant Name: _____
Last First M.I.

Parent email address: _____

Name of

4-H Club: _____

Camp or Leadership

Activity: _____ Amount Requesting: \$ _____

Cost of Camp or Activity: _____

Date of Camp or Activity: _____ Did you participate in a
TSC Event? (Date?): _____

Why do you want to attend this camp or leadership activity?:

Parent Signature Date

County Extension Signature Date

For State Office Use Only

Approved Amount: _____

State Extension Signature Date

Date Funds sent:

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