

# Boyle-Lincoln-Powell 4-H Camp 2025



**July 7-11, 2025**

JM Feltner 4-H Camp, London, KY

**Cost: \$340**

Includes lodging, food, classes, transportation,  
all classes, and t-shirt

**Early Bird Deadline: Friday, April 18**

\$10 off and bonus camp t-shirt!

**Final Deadline: Friday, June 6**

Space is limited; first come/first served! Classes filled as applications are received.

Cooperative  
Extension Service

Agriculture and Natural Resources  
Family and Consumer Sciences  
4-H Youth Development  
Community and Economic Development

MARTIN-GATTON COLLEGE OF AGRICULTURE, FOOD AND ENVIRONMENT

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Disabilities  
accommodated  
with prior notification.



# Important Information & FAQs

## Who May Attend – Youth:

- Living and/or attending school in Boyle County. Current enrollment in 4-H is not required.
- Age 8 may attend if they have graduated 3<sup>rd</sup> grade.  
Ages 9-14 may attend as regular campers as long as they have not graduated the 8<sup>th</sup> grade.  
Any age through 15 that has graduated the 8<sup>th</sup> grade may attend as a Counselor-in-Training. **ALL THE ABOVE SHOULD USE THE APPLICATION IN THIS PACKET.**
- Any youth 16 or older must have completed Counselor-in-Training at camp previously to attend as a Junior Counselor. Ask for JC Application.

## Who May Attend – Adults (19 and up or 18 but have never completed CIT year at our camp):

- Adult Counselors are required for Boyle County youth to attend camp.
- We are frequently in need of more adults attending, particularly females!
- Approved (see below) Adult Counselors attend at no charge and earn one free camper spot (family members only). Additional children may attend at half cost.

## How to Sign Up – Youth:

- **ALL camp forms and fees are due no later than June 6<sup>th</sup>.** SPACE IS LIMITED.
- Make checks payable to **Boyle County 4-H**. Cash, check, and money orders only.
- ONLY complete registration (paperwork plus fee or deposit + scholarship application) will hold a spot for camp. **If the application is incomplete, it will stay on the wait list until completed. Youth on the wait list are not guaranteed a spot at camp.**

## How to Sign Up – Adults:

- Any adult interested in attending camp should contact the Extension Office to begin the Volunteer Application Process immediately.
- All adults must undergo background and reference checks, interview, be accepted by the Client Protection Committee and attend all required training.

## Cost:

- **Early Bird Registration** is available if payment of **\$330** plus complete application is turned in by 4:30 p.m. on Friday, April 18. Early bird youth receive a unique shirt prior to camp.
- Half and full scholarships Early Bird Registrations are also welcome but must have complete application + scholarship form from FRYSC coordinator + \$25 deposit at the Extension Office by 4:30 p.m., April 18.
- **Regular Camp Registration** is **\$340** from April 19 to June 6. Half camp fee with half scholarship is \$170.

## Scholarships:

- A limited number of scholarships are available based upon financial need. **All scholarship forms must be inside with Boyle County Extension Staff by 4:30 p.m. on Friday, May 23.** Recipients will be notified by May 30. **Any fees unpaid by scholarship must be paid by June 6 or application will move to wait list.** Youth on wait list are not guaranteed a spot at camp.
- **Minimum \$25 deposit required with ALL SCHOLARSHIP APPLICATIONS.** If youth earns full scholarship, \$25 is refundable only after youth attends camp. Applications without deposit will remain on wait list until deposit is received. Youth on wait list are not guaranteed a spot at camp.

## Health Forms:

- We require complete health information.
- We do not require a physical examination.

## Head Lice Checks:

- Campers must have a head lice check done within 72 hours of departure.
- No camper is permitted to board the bus without a signed head lice check form.
- Youth found to have nits or lice at camp must be picked up from camp and may not return.

## Mandatory Orientation:

- **EVERY camper + at least one parent/guardian MUST SIMULTANEOUSLY ATTEND one of the scheduled orientations. NO EXCEPTIONS.**

Name: \_\_\_\_\_ School Attended in 2024-2025: \_\_\_\_\_

If possible, I would like to be in a cabin with (same sex only):

1: \_\_\_\_\_ 2: \_\_\_\_\_ 3: \_\_\_\_\_

**NOTE:** All reasonable efforts will be made to place campers in cabins with those they request but cabin size and number may not always allow such requests to occur. Youth are housed by sex, age, class, and school as much as possible. **Please note we have a strict NO BULLYING policy.** Parents, please notify agent if there are any existing issues between your camper and any other youth attending.

## Choose Your Classes at Camp

All youth at camp will participate in four classes over three days, except youth in CIT program. To help us place you in classes you will enjoy, **please follow these steps:**

1. All the classes you may choose from are listed below.
2. Find the ONE class you most want to participate in at camp. Place a "1" in the blank beside that class.
3. Find the next class you most want to participate in at camp. Place a "2" in the blank beside that class.
4. Continue doing that process until you have a 1, 2, 3, 4, 5, 6, and 7 written on one blank each.
5. If you are a rising high school freshman or sophomore attending as a Counselor in Training, please mark that class only.

Classes fill first come/first served so please turn your application in early.

**NOTE:** Only mark a swimming class if you want to take swimming lessons. All youth participate in Free Swim daily just to enjoy the pool.

If you have any questions about classes, please contact the Extension Office.

### Class List (rank your top 7, 1-7):

- |                            |                              |
|----------------------------|------------------------------|
| ____ Advanced Swim         | ____ Disc Golf               |
| ____ Archery               | ____ Fishing                 |
| ____ Art                   | ____ Nature                  |
| ____ Basketball            | ____ Newscast/Photography    |
| ____ Beginner Swim         | ____ Pickleball              |
| ____ Board Games           | ____ Riflery                 |
| ____ Book Worms            | ____ Ropes (high and low)    |
| ____ Canoeing              | ____ Make Your Sally Costume |
| ____ Holiday Cooking       | ____ Holiday Science         |
| ____ Counselor in Training | ____ Volleyball              |
| ____ Holiday Crafts        | ____ Yoga                    |

### Counselor in Training Experience

Available to all campers who have completed the 8<sup>th</sup> or 9<sup>th</sup> grades. You only need to check this one option.

This training program builds strong leaders and offers youth a different 4-H camping experience. Participants will take CIT classes, assist with other class instruction, experience camp behind-the-scenes, and enjoy unique activities and celebrations just for you! Only youth who complete the CIT year are eligible to return to camp as Junior Counselors.





**Cooperative  
Extension Service**

HCP Approval Stamp

## Kentucky 4-H Camping 2025

Camp Participant Registration – *Camper/Teen*

Last Name:	Legal First Name:	Middle Name:	Preferred Name:
Attended camp before? <input type="checkbox"/> Yes - # years: ____ <input type="checkbox"/> No	Fall 2025 School & Grade:	County:	Biological Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Shirt Size: (Select One) YS YM YL YXL AS AM AL AXL A2XL A3XL A4XL <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>		Birthdate: ____ / ____ / ____	Age on 1st day of camp?
Participant's Home Address:			Participant's Race: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> American Indian <input type="checkbox"/> Hawaiian <input type="checkbox"/> Other
			Participant's Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic
Legal Parent/Guardian #1 Full Name:		Email Address:	Cell/Home Number:
		<input type="checkbox"/> Yes - I would like to receive email notifications of upcoming statewide Camp-Sponsored Events and Promotions at this email address.	
Legal Parent/Guardian #2 Full Name:		Email Address:	Cell/Home Number:
		<input type="checkbox"/> Yes - I would like to receive email notifications of upcoming statewide Camp-Sponsored Events and Promotions at this email address.	
Emergency Contact Full Name and Cell/Home Number:		Relationship to Participant:	Left Blank For Office Use:
Physician Name:		Physician Phone Number:	

Buy your participant some camp gear. [www.shop4hcamp.com](http://www.shop4hcamp.com)

Is your participant looking for more camp opportunities? [www.4hcampevents.com](http://www.4hcampevents.com)

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University of Kentucky, Kentucky State University, U.S. Department of Agriculture, and Kentucky Counties, Cooperating.  
Lexington, KY 40506



Disabilities  
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PARTICIPANT NAME: \_\_\_\_\_

Is the camp participant up to date on immunizations as outlined by Kentucky law required for enrollment in public, private, or home school, based upon the grade the participant will be enrolled for the upcoming school year?

☐ YES

☐ NO (If marked NO, check with your 4-H Agent for a waiver of liability form.)

Does the participant have health insurance coverage? (Check all boxes that apply.)

☐ YES (Provide the required information below.)

Insurance Provider: \_\_\_\_\_

Policy Number/Member ID: \_\_\_\_\_

Provider's Phone: \_\_\_\_\_

Group ID (if applicable): \_\_\_\_\_

☐ NO (No worries! The camp provides excess medical insurance coverage in the event of injuries or illnesses.)

☐ ACTIVE DUTY MILITARY

What is specific information about your camp participant which the staff should be made aware of to provide a better camp experience for the camp participant? Information disclosed in this section may allow us to make accommodations based on their individualized needs. **List all specific items** that the participant is provided at home or school to have a successful experience.

**Behavioral (i.e., mental, emotional, physical) Are there any recent circumstances that may lead to your child needing extra support?**

**Medical/Physical (i.e., asthma, autism, seizures, sleepwalker, sensitivity to lights and sounds, etc.)**

**Allergies (check the applicable boxes below and describe the allergy and reaction seen)**

No known allergies: ☐ Food: ☐ Medication: ☐ Seasonal/Environmental: ☐

**Dietary (check the boxes below if applicable)**

Vegetarian: ☐ Gluten Intolerant: ☐ Alpha Gal: ☐ Does not eat Pork: ☐

**Requests for accommodation or other important details (use additional sheet of paper if needed):**

**Contact your 4-H Agent with questions about available accommodations.**







Cooperative  
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PARTICIPANT NAME: \_\_\_\_\_

### AUTHORIZATIONS/RELEASES

*This is a legal document. You must read and understand it before signing it.*

#### MEDIA RELEASE:

I grant the Kentucky 4-H Program and the University of Kentucky, Kentucky State University, and persons acting through them, the right to use, reproduce, assign, and/or distribute photographs, films, videotapes, and sound recordings of my minor child without compensation for use in promotion/advertising, educational publications, electronic publishing, and personal memorabilia. Participant names may be published.

☐ Yes. I grant permission for media releases.

☐ No. I do not grant permission for media releases.

#### Pick-up Release:

It is my responsibility to arrange to pick up my child/children upon return from camp. There will be no exceptions to this policy regardless of relationship to the child. Please inform everyone approved by you on this release that he/she must present a driver's license or photo ID before the child will be released. **Parents, Guardians, and Emergency Contacts listed on page 1 and 2 are automatically assumed to have pick up authorization.** In addition to the parents/guardians listed on page 1, the following individuals are granted permission to pick up my child:

NAME: \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ Phone/Cell# \_\_\_\_\_

NAME: \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ Phone/Cell# \_\_\_\_\_

NAME: \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ Phone/Cell# \_\_\_\_\_

#### CONSENT TO TREAT:

The health history reported on page one and two are correct and complete to the best of my knowledge. I hereby permit the camp to provide routine health care, administer over the counter medication, assist in administering participant's prescription medications as needed, and seek emergency medical treatment including ordering x-rays and routine tests. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes. I permit the camp to arrange necessary related transportation for my child. In the event I cannot be reached in an emergency, I hereby permit the physician selected by the camp to secure and administer treatment, including trips off camp property.

#### CODE OF CONDUCT:

I have read and discussed the Camp Code of Conduct with my participant. We (parent/guardian and participant) understand and agree to comply with the guidelines. Violations may result in loss of privileges, removal from camp with no refund, assessment of a damage fee for which I will be responsible for paying, and/or ineligibility to participate in future 4-H events. An incident report will be completed for major violations.

#### ASSUMPTION OF RISK, RELEASE OF LIABILITY, and PERMISSION TO PARTICIPATE:

I acknowledge that there are certain risks, hazards, and dangers, including the risk of physical injury, disability, or death and risk of loss of use or damage to my personal property as a result of allowing participation in the camping program. Risks include but are not limited to recreational games and traditional camp activities, transportation accidents, weather-related hazards and natural disasters, infectious diseases, the possibility of slips and falls, pinches, scrapes, twists, and jolts that could result in scratches, bruises, sprains, lacerations, fractures, concussions, or even more severely debilitating or life-threatening hazards. I understand that injury or loss may result from unknown or unexpected risks and the use of equipment, materials, or facilities recommended by the University of Kentucky; environmental conditions; from the acts or omissions of others; or from the unavailability of immediate and adequate emergency medical care. I understand that the University of Kentucky does not guarantee the personal health or safety of participants, nor does it protect against the risk of loss of personal property. In consideration for allowing my child to participate in the camping program, I do hereby release the University of Kentucky, the University of Kentucky Cooperative Extension Service, the county Extension District Board(s), the 4-H Camp, Kentucky State University and their trustees, directors, officers, members, agents, employees, volunteers, and assigns from any and all liability, damages, cost, and expenses arising out of or relating to bodily or psychological injury, loss of life, or personal property that may occur as a result of participating in the camping program. I understand that my child's participation in the Kentucky 4-H Summer Camping Program is based on the challenge by choice philosophy. I recognize that programs are designed to use experiential, engaging teaching techniques, but that my child's participation is purely voluntary, always, and my child will choose his or her level of participation in any activity (including, but not limited to: high ropes, rock climbing, low challenge elements, rifles, archery, trap shooting, horses, and cave exploration). I understand that my participation in this activity may entail certain anticipated and unanticipated risks regarding personal injury or illness. I hereby acknowledge my voluntary and informed assumption of full responsibility and liability regarding any injuries or illness, that I may incur coincident to my participation in this activity.

Participant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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Disabilities  
accommodated  
with prior notification.



PARTICIPANT NAME: \_\_\_\_\_

## Kentucky Residential 4-H Camp Essential Standards for Camp Participants

The University of Kentucky is an equal opportunity university. Parents/Guardians of children who have medical conditions or other disabilities requiring special attention should alert the agent to ensure proper care and accommodations are provided. If the camper requires personal care or a level of attention not available through camp staff or volunteers; a family friend, relative of the same sex over age 19, or a parent/guardian must accompany the child as a full-time 1:1 caretaker. The parent/guardian will agree to pay the individual costs of the caretaker (25% of the camper registration fees.) Any person accompanying a camper as a caretaker must successfully complete the Client Protection Process and is expected to follow all camp code of conduct policies for volunteers. To determine whether a caretaker should accompany a camper, the following factors will be considered:

- Ability to dress without assistance
- Ability to maintain personal hygiene, e.g. bathing, brushing teeth
- Ability to attend to toileting needs
- Ability to understand, follow, and respond to oral/written instruction
- Ability to remain at rest or sleeping according to the camp schedule
- Ability to participate in group activities with minimal individual attention
- Ability to participate in a communal living environment with minimal individual attention
- Ability to sustain a 15-hour (7am-10pm) camp day with limited rest periods
- Ability to understand and respond to dangerous conditions
- Ability to take medications according to a pre-set schedule and with minimal assistance

If a caretaker is not provided and a camper cannot meet the essential standards listed above, they may be dismissed from camp. If a camper must be sent home, it will be the responsibility of the parent/guardian to pick them up at camp. There is no refund of the camp fee for an early departure.

I have reviewed and acknowledge the essential standards for camp participants policy.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_





## Kentucky 4-H Camping Code of Conduct and Expectations

1. Campers are not permitted to bring cell phones to camp.
2. Possession or use of alcohol, illegal drugs, or weapons by any person is prohibited.
3. Use of tobacco products is not allowed for campers/teens at 4-H camp. Should a county decide to permit adults (21 years and over) to use them, it may occur only in areas designated by the Camp Director. Absolutely no tobacco products are to be used in cabins, woods or non-designated areas of camp.
4. Camp participants are permitted to enter the cabin in which they are assigned. All other cabins are restricted.
5. Campers are not allowed in the cabins during a class or activity. If a camper is ill, they are to stay at the medical center (not in a cabin) until the Health Care Provider (HCP) feels the camper may return to activities.
6. Camp participants are to be attentive, responsive and courteous to any staff, adult or teen counselor making a presentation before the group.
7. Absolutely no phone calls are to be made by campers (camp office phone or cell phone) without approval of the County Extension Agent. All County Extension Agents should be informed of incoming calls at the camp office to campers.
8. Accidents or illnesses, no matter how minor, are to be reported to the County Agent and Camp Healthcare Provider. If medical care is needed, the Agent will coordinate treatment with the Camp Healthcare Provider.
9. Obscene, discriminatory and/or inappropriate language or dress, roughhousing, and insubordination is not acceptable at any time and may result in dismissal from camp.
10. Fireworks are not to be used by camp participants at any time.
11. Swimming, boating, or any waterfront activity is not permitted except during designated times and under proper supervision.
12. Appropriate dress, including footwear, should be adhered to as outlined in the 4-H Camp Dress Code.
13. Camp participants are always to remain with their groups, and must obey the rule of 3 when traveling. Individuals are not to be on the trails or near the lakes without an accompanying adult.
14. Camp participants are not permitted to leave the grounds at any time without notifying and receiving approval from the Contact Agent and their County Extension Agent.
15. Camp participants are expected to be in their cabins, with lights out, as designated on the camp program schedule.
16. No visitors, other than parents or immediate family, may visit campers during the camp. Visits must be approved in advance by the County Extension Agent.
17. No camp participant is to be around or on maintenance equipment.
18. Camp participants who are having personal conflicts with others should discuss these with their cabin counselor, dean, or County Extension Agent.
19. Campers and teens are to work with counselors in carrying out daily assigned jobs to help keep the camp running smoothly. Grounds are to be kept clean at all times. Camp participants are expected to leave the cabins, facilities and grounds clean and orderly.





PARTICIPANT NAME: \_\_\_\_\_

20. Camp participants are to respect camp property. Any misconduct resulting in damage to camp property or buses, including graffiti, shall be paid for by the camp participant and/or parent or guardian. A list of damage fees is available.
21. All medications must be turned in to the designated adult and picked up by the parent/guardian at the bus pick up site. The Health Care Provider will be responsible for securing all medications at camp.
22. Camp is not responsible for personal property of any camp participant or staff.
23. We care about the safety of all camp participants. Incidents of serious misbehavior (i.e. threats, fighting, bullying, causing injury, alcohol/drug incidents, any altercations between adults and/or minors, intentional property damage/vandalism, etc.) will be reported to the Camp Director and County Extension Agent and an incident report will be completed. Incidents of serious misbehavior may result in dismissal from camp.
24. Camp participants should demonstrate respect toward others. Bullying, hazing, or pranks (i.e.: shaving cream, toothpaste in pillow/sleeping bags, defacing property, including inappropriate use of electronics/social media) will not be tolerated and may result in dismissal from camp.

*Any conduct inconsistent with the above rules may result in consequences such as the camp participant/parent/guardian/immediate family member being sent home, restricting future participation in 4-H activities, termination of 4-H membership, or other consequences determined by the county's or state's policy. If a camp participant must be sent home, it will be the responsibility of the parent/guardian to pick them up at camp. There is no refund of the camp fee for an early departure.*

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# Boyle County 4-H Camp Refund Schedule

<b>May 23</b>	All scholarship applications due at Boyle County Extension Office
<b>June 6</b>	Camp application deadline
<b>June 6</b>	<b>First cancellation deadline:</b> If 4-Her notifies Boyle County 4-H in writing received by 4:30 p.m. on June 6 that 4-Her does not want to go to camp, 100% of fee will be refunded.
<b>June 20</b>	<b>Second cancellation deadline:</b> If 4-Her notifies Boyle County 4-H in writing received after June 6 and before 4:30 p.m. on June 20 4-Her does not want to go to camp, 50% of fee will be refunded.
<b>July 3</b>	<b>Final cancellation deadline:</b> If 4-Her notifies Boyle County 4-H in writing received after 4:30 p.m. on June 20 and before 4:30 p.m. July 3 that 4-Her does not want to go to camp, 25% of fee will be refunded.
<b>No part of fees shall be returned after 4:30 p.m. on July 3 unless accompanied by a doctor's excuse.</b>	

## Early Bird Registration

### Show Off Where You're Going This Summer!

**Deadline:** April 18, 2025; 4:30 p.m.

**Why:** Get \$10 off full camp fee (\$5 off half camp fee) and receive a special pre-camp shirt

**Where:** All paperwork and fees in hand at the Boyle County Extension Office

**What:** Complete application plus full payment (\$330) **OR**  
Complete application plus complete scholarship application from FRYSC Coordinator and \$25 deposit

**How:** Shirts will be mailed or dropped off at school after spring break so you can share your summer plans with all your friends.



Boyle County Extension Agent for 4-H Youth Development

Boyle County 4-H Camp is provided by the Boyle County 4-H Council and Boyle County Cooperative Extension Service



# MANDATORY CAMPER ORIENTATION DATES

Every camper + at least one parent/guardian **MUST SIMULTANEOUSLY ATTEND** one of the 4 scheduled orientation sessions. Cabin and class assignments will be shared if available at these sessions. All sessions will be at the:

Boyle County Extension Office

99 Corporate Drive, Danville

*Off Lebanon Road behind Bluegrass Community and Technical College*

Attend any **ONE** of these sessions:

**Monday, June 9 from 6-8 p.m.**

**Thursday, June 19 from 6-8 p.m.**

**Friday, June 27 from 5-7 p.m.**

**Saturday, July 5 from 1-3 p.m.**

Please mark your calendar today. **Youth will not be able to attend camp if they do not complete this requirement** of camper/guardian simultaneously attending one of these 4 sessions. There are **NO EXCEPTIONS** and **NO OTHER SESSIONS** will be offered.

Please complete all items before submitting by June 6, 2025. Return to:  
Boyle County Extension Service, 99 Corporate Dr., Danville, KY 40422  
859-236-4484

Questions about camp? Contact us at number above or [marycatherine.rowland@uky.edu](mailto:marycatherine.rowland@uky.edu)

## APPLICATION MUST INCLUDE:

\_\_\_\_\_ Camper Participant Registration with Authorization/Releases (6 pages)

\_\_\_\_\_ Completed Camp Class selections showing preferences

\_\_\_\_\_ Camper Orientation date you currently plan to attend (*you may attend any of the 4*)

## CHECK ONE OF THE FOLLOWING:

\_\_\_\_\_ Payment in full of \$340 or

\_\_\_\_\_ Early Bird Payment in full of \$330 (on or before April 18 only)

\_\_\_\_\_ \$25 deposit plus scholarship application

**Scholarship Applicants: DO NOT GIVE ENTIRE APPLICATION TO FRYSC COORDINATOR.**

Turn in camper application to the Boyle County Extension Office. Turn **ONLY SCHOLARSHIP APPLICATION to FRYSC Coordinator**. If you give entire application to FRYSC Coordinator, your child may not get registered.



## 4-H Camp Scholarship Application – Page 1 for Families

**PLEASE GIVE THIS PAGE (front and back) ONLY to FRYSC Coordinator.**

A limited number of half and full scholarships are available. Scholarships **must be recommended, and form submitted by FRYSC coordinator** and are **based on financial need**. All scholarships are competitive. Homeschooled youth: Please turn application in directly to Extension Office.

**FRYSC Coordinator:** After youth has completed front page, please complete the back and email to [marycatherine.rowland@uky.edu](mailto:marycatherine.rowland@uky.edu). You may also call Kim Ragland or Mary Catherine Rowland at 859-236-4484 for additional information. Homeschooled youth may submit information directly to the Extension Office. All scholarship applications **MUST be inside with Boyle County Extension Staff no later than 4:30 p.m. Friday, May 23**. Recipients will be notified by May 30. Any fees unpaid by scholarship must be paid by June 6 or application will move to waiting list.

**Please Note:**

- A camp application is not complete if it does not include payment (\$25 deposit minimum) and approved scholarship form.
- If your application is not complete when submitted, it will stay on waiting list until it is complete.
- No spot will be reserved by an incomplete application. **ALL applications require a minimum \$25 deposit**. If approved for a full scholarship, deposit will be returned. Half scholarship recipients must turn in remainder of fee by June 6.

Camper Name: \_\_\_\_\_ School attending in 24-25: \_\_\_\_\_

Current Grade: \_\_\_\_\_ Age: \_\_\_\_\_ FRYSC Coordinator: \_\_\_\_\_

**Parent/Guardian**, please provide the following as you would for Free and Reduced-Price School Meal Application:

1. Total number of people living in your household, including adults, infants, children, and students:  
\_\_\_\_\_
2. Indicate the **total annual income** estimate for all members of your household, including earnings from work, public assistance, disability payments, child support, alimony, pensions, retirement, and all other income:  
\_\_\_\_\_
3. Does anyone in your household receive benefits from SNAP, TANF, or FDPIR (circle one)? **YES** **NO**

**FOR YOUTH TO COMPLETE** (attach separate page if needed)

Why do you want to go to 4-H Camp? (*Applications will not be considered if this section is blank*)



## 4-H Camp Scholarship Application – Page 2 for FRYSC Coordinators

**PLEASE GIVE THIS PAGE (front and back) ONLY to FRYSC Coordinator.**

### Camper Family:

- STEP 1. Make sure the front of this page is complete. Attach additional narrative if needed.
- STEP 2. Turn THIS completed page ONLY in to FRYSC Coordinator at your school to finish and forward to the Extension Office.
- If you are RELATED to your FRYSC Coordinator, please have Principal complete.
  - If you are HOMESCHOOLED, please complete and turn in directly to Extension Office.
- DO NOT GIVE THE FRYSC COORDINATOR THE ENTIRE CAMPER APPLICATION. Turn the Camper Application in at the Extension Office. Give ONLY THE SCHOLARSHIP APPLICATION (this page) to FRYSC Coordinator.** If you give the entire Camper Application + Scholarship Application to the FRYSC Coordinator, your child may not get registered for camp.
- STEP 3. **Please notify 4-H** that you have turned your child's scholarship application into your FRYSC Coordinator when you drop off your Camper Application at the Boyle County Extension Office.

### FRYSC Coordinator or Designee:

Signature and Title: \_\_\_\_\_

Please describe the general level of assistance needed by/type of contact you've had with this family:

That we may serve the youth most in need of financial assistance, please explain why this young person deserves and truly needs financial support to attend 4-H Camp:

***This completed document MUST be inside with Boyle County Extension Staff no later than 4:30 p.m. Friday, May 23, for child to be considered for scholarship.***

