



**OSU Extension Service - Lane County  
4-H Leader's Association  
2009 Campership Application  
Application deadline Monday, June 8<sup>th</sup>**



**Available camperships will be awarded to Lane County residents on a first come, first served basis. First time campers will also be considered for these camperships.**

Camper's Name: \_\_\_\_\_  
First Last

Home Phone: \_\_\_\_\_

Parent(s)/Guardian(s) Name: \_\_\_\_\_  
First Last

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Campers 2008-09 Grade in School  3<sup>rd</sup>  4<sup>th</sup>  5<sup>th</sup>  6<sup>th</sup>

Is the camper a 4-H member?  Yes  No

School Camper Attends: \_\_\_\_\_

Reduced fee lunch program?  Yes  No Free lunch program?  Yes  No

Has the camper attended 4-H camp before?  Yes  No Yr. \_\_\_\_\_

Have you received a campership in the past?  Yes  No Yr. \_\_\_\_\_

Are there unusual financial situations that would contribute to your child's need for a campership?  
***Please use the back if you need additional room.***

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I certify that the above information is true and correct and give permission for the OSU Extension Service - Lane County to verify this information.

I am enclosing a deposit of \$ \_\_\_\_\_ (Fully refundable if a campership is not awarded.)

\_\_\_\_\_  
 Signature of Parent/Guardian

\_\_\_\_\_  
 Date

**Please provide contact name of person if English is not your spoken language.**

\_\_\_\_\_  
 Name

\_\_\_\_\_  
 Relationship

\_\_\_\_\_  
 Phone



We will endeavor to provide public accessibility to services, programs, and activities for people with disabilities. If accommodation is needed to participate at any meeting, please contact the ADA Coordinator at the Lane County office of OSU Extension Service at 682-4243 at least 2-weeks prior to the scheduled meeting time.

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