

**The Arkansas 4-H Foundation, Inc.  
C.A. Vines Arkansas 4-H Center Scholarship  
COUNTY SUBMISSION FORM**

County Name: \_\_\_\_\_ Extension Agent Name: \_\_\_\_\_

**4-H Member Information:**

	<u>4-H Member Name</u>	<u>Address</u>	<u>Camp*</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____

I certify that the 4-H members listed above have an economic hardship, and I recommend a 4-H camp scholarship for all who are listed.

Name

Date

\_\_\_\_\_  
County Extension Agent Signature

\_\_\_\_\_

**\*Camp Key**

A= Teen Leader Conference  
B= Forestry Wildlife Camp  
C= Junior Camp I

D= Junior Camp II  
E= Cloverbud  
F= Adventure & Challenge I

G= Adventure & Challenge II  
H= Equine Camp  
I= High Adventure Back Packer Training