



North Dakota 4-H Camping Award Application

Your application is strictly confidential and will only be used to determine award eligibility. Awards are based on income levels and only families meeting the standards of 150% or below from the Federal Poverty Level Chart will be considered. If you have a family crisis, special circumstance or foster care situation that will also be considered. We have a limited number of scholarships available. Some North Dakota counties provide partial or full scholarships for everyone to come to camp. Contact your local county extension office for their availability.

Parent/Guardian: _____ Date: _____ 20/____

Address: _____ City: _____

State: _____ Zip Code: _____ County: _____

Phone: _____ Email: _____

Youth Name: _____ Age: _____

Camp Session the youth will attend: _____

Family Income \$ _____ Number of people in family _____

Federal Income Level: Is your income less than the 150% level in the chart on page 2? (From Federal FPL chart below). Yes _____ No _____

Do you have funds for transportation? _____ YES _____ NO

What will transportation cost from camp to home? Round Trip Mileage: _____

I assure that the above information is correct to the best of my knowledge.

Parent/Guardian Signature: _____ Date: _____

If the number of scholarship applications exceeds the number available, we will need to verify your eligibility.

Award will include: _____ Camp Registration Fees _____ Canteen Money _____ Transportation

Total Award \$ _____ Registration Code: _____

Approved: _____ Not Approved: _____ Award Date: _____

Family Notified: _____ by _____

Contact: Email is preferred to karla.meikle@ndsu.edu or Karla Meikle, 701-877-2584,

Or Mail to: NDSU Extension
State 4-H Activities Coordinator,
2005 N Kavaney Dr Suites A
Bismarck, ND 58501 Attn: Karla Meikle

Please find your income and the number in your household in the chart below. Identify which FPL includes your family. Indicate that level on the Award Application. As an example, Full Income Eligibility, (150% of FPL) Family of 4 is \$39,750. (Your income \$31,750) Your income is below that level and eligible for the scholarship.

2024 Federal Poverty Level (FPL) Tables

2024 POVERTY GUIDELINES FOR THE 48 CONTIGUOUS STATES AND THE DISTRICT OF COLUMBIA

Persons in family/household	Poverty guideline
1	\$15,060
2	\$20,440
3	\$25,820
4	\$31,200
5	\$36,580
6	\$41,960
7	\$47,340
8	\$52,720

For families/households with more than 8 persons, add \$5,380 for each additional person.