

2020 4-H SPACE ADVENTURE CAMP  
Student Financial Assistance Nomination

DEADLINE: MAY 1, 2020

Mail to: Travis West, Camp Director  
16714 Wolf Run Road, Caldwell, OH 43724

*Nominations are to be completed by the teacher for the students in his/her class. Students nominated for financial assistance will then be mailed an application for financial aid. Determination of financial assistance will be made once that application has been received.*

NAME OF STUDENT \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE (\_\_\_\_) \_\_\_\_\_ AGE \_\_\_\_\_

1. Has this student attended Space Adventure Camp before? (check one)  
Yes\_\_\_ No \_\_\_

If no, did you provide the student a registration flier? Yes \_\_\_ No \_\_\_

2. Does the student show enthusiasm about Space Adventure Camp? (check one)  
Yes\_\_\_ No \_\_\_

3. How much financial assistance would the young person need? (check one)  
\$25\_\_\_ \$50\_\_\_ \$75\_\_\_ More\_\_\_\_\_

4. Explain why you think this young person deserves and should be selected to receive financial assistance for 4-H Space Adventure Camp.

Teacher's Signature \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

*This form may be duplicated as needed.*



**THE OHIO STATE UNIVERSITY**

COLLEGE OF FOOD, AGRICULTURAL,  
AND ENVIRONMENTAL SCIENCES



<http://spaceadventurecamp.cfaes.ohio-state.edu>

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