Hello Campers and Parents!

Welcome to your 2010 summer camping season! Summertime is fast approaching and we are looking forward to a fun filled camp week June 28 - July 2, 2010 at Camp Ocala. We are glad you will be joining us this year! Campers will have an exciting week of outdoor recreation and educational activities planned for them this summer. There’s fun on the horizon!

This packet contains all the information that you need to get started. Please thoroughly read, complete and return all forms. Any missing information will hold up the registration process and possibly cause the camper to miss out on a preferred activity or cabin assignment. All forms must be completed and signed. A description of required forms is listed below. We appreciate your time and effort in this area!

Also enclosed is a summer food service application. If you are currently eligible for free or reduced lunch, food stamps or AFDC you will qualify for the discount by completing this application. If you do not qualify, please write “Not Applicable” across the page and sign the bottom. This way we can show the Florida Department of Education that every camper was given the opportunity to apply. In order to subtract the food service from your fees, I must receive the completed application with your camper registration form.

Make sure that all of your paperwork is complete and turned in by May 17th. Camp fills up very quickly, so the first 75 completed registration forms will receive priority. Camp fee is $200.00. Refunds will not be given after the campers arrival on Monday.

In the packet: □ Camp information □ Camp Registration form □ Scholarship form □ Medication form □ Cell phone & Graffiti Policy □ Packing list □ Camp pick up release □ Cabin request & Special Dietary form □ Food Service Program-return form signed & marked “NOT APPLICABLE” if not needed □ Participation form - (4-H office will copy current form on file—IF changes have been made, please fill out a new participation form)

Please mark Tuesday, June 15th, 6:30 p.m. on your calendar for a 4-H Camp Orientation & Q and A Extension Office in Kissimmee
Theme: "Super-Heros"  Evening activities and counselor workshops will be related to this theme.

COST: 4-H Camp costs $200.00, this includes meals, insurance, lodging, snacks and program materials for 5 days and 4 nights. This reduced rate, compared to other Florida youth camps, is made possible because this 4-H Camp is an IFAS Extension sponsored activity with the support of Florida 4-H Foundation.

SCHOLARSHIPS: You may qualify for a 50% discount if you meet the 100 point scholarship criteria. Points must be verifiable. Form must be complete. An application is included with this registration packet.

CLOTHING CANTEEN: Campers may bring money to buy souvenir items at the canteen. Please see list of items attached. Parents you may send money or a check payable to “Florida 4-H Foundation” for the cost of clothing canteen. This will be the only opportunity to buy clothing during the week of camp. Items may also be purchased Friday after camp adjourns.

DUE DATE & ADDRESS: Camp registration, including all paperwork must be in the Osceola County Extension 4-H Office no later than 5pm on Mon, May 17th. The check should be made payable to Osceola County 4-H Foundation, Inc.

ARRIVAL: Plan to arrive at Camp Ocala between 10:30 and 11:00 a.m. on June 28th. You must arrange your own transportation. The camp is located approximately 9 miles north of Altoona on Hwy 19 in Lake County. Turn left at the sign “Fire Control Station”/4-H Camp Ocala. Go 1 mile. Unload at semi-circle parking area.

RETURN: Camp will close at 11:00 a.m. Friday, July 2nd. Parents should arrive between 10:30 and 11:00 a.m. to pick up campers. Campers are not allowed to leave until cabins are inspected and have been given permission by Agent in charge.

Can I pick my child up early from camp? For safety reasons and so all campers may enjoy the entire 4-H camping experience, campers are encouraged to arrive on time, not miss mid-week days, or leave camp early. We enjoy having each camper fully participate from the beginning to the closing of each camp week.

MAIL: You can write to: 4-H Camp Ocala, 18533 NFS Road 535, Altoona, FL 32702. Parents, we suggest you mail on Monday so it will arrive before we leave camp.

EMERGENCY PHONE NUMBER: The phone number to the office at Camp Ocala is 352-759-2288, this number can only be used for emergency purposes. As a reminder, cell phones are not allowed to be used by campers while at camp.

DAY TIME PROGRAMS: All campers will participate in four organized recreational activities each day. These activities are listed on the 4-H Camp Registration Form. Late afternoons will be organized free time for swimming, canoeing, crafts, and games.

EVENING PROGRAMS: TBA
OUT TRIPS: Many campers ages 11 and over will be going on an out trip. The campers, according to age, will be going swimming at Alexander Springs. Campers will be transported by buses and vans.

SUPERVISION: Campers will be busy learning, recreating and making new friends. They will be well supervised by Extension Agents, county adult volunteers and camp staff. There will be a trained youth counselor in each cabin.
How are behavioral and disciplinary problems handled at 4-H camp? Behavioral expectations and consequences are communicated through the 4-H Code-of-Conduct, which campers and parents/guardians must sign prior to camp. During camp, expectations for behavior are reviewed the first day, and good behavior is facilitated through positive reinforcement and role-modeling. Corporal punishment is never allowed at 4-H camp. Contact your local 4-H Extension Agent for more information regarding this question.

CAMP DRESS CODE: NO open toed shoes outside of cabin, except to waterfront NO spaghetti straps NO half shirts NO underwear showing at any time NO T-Shirts with questionable messages

Only one piece swim suits allowed or dark colored T-Shirts over two piece suits. Only casual attire may be worn to the dance. Shorts must be pinky length visit the web site at http://lake.ifas.ufl.edu/4-H/CAMP.htm to view approved dress. If you break the dress code you will be asked to change. If you do not abide by the rules you will be sent home and your parents will be responsible for coming to get you.

REMINDEERS: Label everything, including sheets and shoes. Your parents don’t want you to lose anything. You have to carry all your gear a long way to your cabin, so pack as lightly as possible. Two small bags are better than one large bag.

 DAMAGE POLICY: There is a damage police at camp. If you damage any equipment, buildings or facilities you will be charged a minimum of $25 or the cost of fixing it. This means if you write your name on a wall it will cost $25. We want our camp to remain in good shape for everyone to enjoy.

Camp Ocala and Florida 4-H has a zero tolerance policy for bringing any illegal substances.
2010 Summer Camp Registration
Lake and Osceola Counties  DEADLINE: May 17, 2010 to our Osceola County 4-H Office
June 28 – July 2, 2010 – Camp Ocala – This Year’s Theme “Super-Heroes”

Name: ______________________________________  Gender: _____  4-H Age by 9/1/09: _________

Address: _____________________________________ City ____________________ Zip___________

Club: ________________________________________  Years in 4-H: ______ Phone: ________-

Email Address: ___________________________________________________________ County: OSCEOLA

Emergency Contact Information:
Primary Contact: _____________________________ Phone: (____)_________ Cell (___)_________

Secondary Contact: ___________________________ Phone: (____)_________ Cell (___)_________

Tertiary Contact: _____________________________ Phone: (____)_________ Cell (___)_________

I will be attending as a:  Camper _____  CIT _____  Counselor _____  Chaperone _____

All campers will be participating in the following activities: Organized free time for Swimming, Archery, Canoeing, and Crafts will be in the late afternoon. During one activity period each day campers will have a choice of the following classes to be taught by camp counselors. Choose five and number them in order of preference, RANK with 1 being your highest choice and 5 being your least. We will do our best to make sure you receive at least one of your choices.

<table>
<thead>
<tr>
<th>Rank</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Horse Colors</td>
</tr>
<tr>
<td>2</td>
<td>Guitar for Dummies</td>
</tr>
<tr>
<td>3</td>
<td>Public Speaking</td>
</tr>
<tr>
<td>4</td>
<td>Make your own Soap</td>
</tr>
<tr>
<td>5</td>
<td>Flag Football</td>
</tr>
<tr>
<td>6</td>
<td>Soccer</td>
</tr>
<tr>
<td>7</td>
<td>Improvisation</td>
</tr>
<tr>
<td>8</td>
<td>Friendship Bracelets 101</td>
</tr>
<tr>
<td>9</td>
<td>Dancing with Clovers</td>
</tr>
<tr>
<td>10</td>
<td>Make your own Soap</td>
</tr>
<tr>
<td>11</td>
<td>Common Speed Events</td>
</tr>
<tr>
<td>12</td>
<td>Capture the Memories</td>
</tr>
</tbody>
</table>

CAMP FEES:

Registration Fee $ 192.50
*Canteen Fee – paid by all campers $ 7.50
Total 4-H Camp Cost $ 200.00

*Scholarship Discount: (100 points) Half of $192.50 – deduct $96.25 $ _________ for office

*Counselor Scholarship  Half of $192.50 – deduct $96.25 $ _________ for office

Summer Food Service Program Qualification – deduct $30.24 $ _________ for office

TOTAL DUE = $ _________ for office

Checks must be made payable to: Osceola County 4-H Foundation, Inc.

Return Forms to Osceola County Extension Office, 1921 Kissimmee Valley Lane, Kissimmee, FL 34744
Florida 4-H Participation Form

Club name________________________

Note: This form must be completed by the participant and/or parent or guardian in order to participate in the 4-H program. All items must be completed, even if the response is not applicable – indicate by using N/A (for example: no health insurance). This form must be present while traveling to, and during each event. Failure to complete this form in its entirety will result in the person being ineligible to participate in 4-H activities.

Name_____________________________  Birth Date____/____/____  4-H Age____  Female  Male

Last First

Home Address__________________________  Home Phone ( )_________________

City ST Zip____________________________ FL  County/District__Osceola__/VIII____

Primary Emergency Contact ______________________________________ Work Phone ( )_________________

Email ____________________________  Cell Phone ( )_________________

Alternate Emergency Contact ______________________________________ Phone ( )_________________

Name of Family Doctor__________________________  Phone ( )_________________

Health Insurance Company__________________________  Policy #_________________

Name of Insured__________________________  Relationship to Participant ______________


HEALTH HISTORY

Does the participant have, or at any time had, any of the following? Check “Yes” or “No” to each item. Please explain any “Yes” answers (noting the # of the item) in the space below or on an additional sheet of paper if necessary. Reporting conditions will not prevent a person from attending and will be kept confidential.

Please explain “Yes” answers and provide information on recent medical issues (including injuries and surgeries), allergic reactions, special dietary regulations, present medications, any specific activities to be restricted and other comments.

1) Asthma……………………………………..  Yes  No

2) Bronchitis………………………………..  Yes  No

3) Convulsions……………………………...  Yes  No

4) Diabetes…………………………………...  Yes  No

5) Ear Infection……………………………...  Yes  No

6) Fainting…………………………………….  Yes  No

7) Heart Condition…………………………….  Yes  No

8) Headaches………………………………..  Yes  No

9) Hypoglycemia……………………………...  Yes  No

10) Serious Insect Stings……………………  Yes  No

11) Wear Glasses……………………………...  Yes  No

12) Wear Contact Lenses……………………  Yes  No

13) Other Conditions………………………...  Yes  No

14) Penicillin Allergy…………………………  Yes  No

15) Aspirin Allergy…………………………...  Yes  No

16) Tetanus Allergy…………………………...  Yes  No

17) Other Drug Allergies…………………….  Yes  No

18) Food Allergies…………………………...  Yes  No

19) Serious Ivy, Oak, or Sumac………...  Yes  No

20) Other Allergies…………………………...  Yes  No

21) Other Health Conditions………………  Yes  No

Date of Last Tetanus Shot____/____/____

The following over-the-counter medications may be administered to my child, without contacting me:

Antihistamine  Decongestant  Other

Acetaminophen (Tylenol)  Ibuprofen (Advil)  Polysporin (topical antibiotics)

PUBLICITY RELEASE

I authorize UF IFAS Extension and the Florida 4-H Foundation or their assignees to record and photograph my image and/or voice (or that of my child, if under 18) for use in research, educational and promotional programs. I also recognize that these audio, video and image recordings are the property of UF IFAS Extension and/or the Florida 4-H Foundation.

Do not use of my – or my child’s – individual image or voice.
**SURVEY & EVALUATION RELEASE**

- I hereby establish my willingness to participate as an adult (i.e. 4-H Leader, other volunteer, parent/guardian, site manager, etc.) and give permission for my child (under 18 years of age) to complete surveys and evaluations that will be used to determine program effectiveness or to promote the program.
- I understand that participation in surveys and evaluations is voluntary and that my child and I may choose not to participate and may withdraw from surveys or evaluations without impact on my or my child’s eligibility to participate in the 4-H program.
- I understand that my child or I may be asked for consent before completing a survey or an evaluation.

[ ] No, I am not willing to participate – or give permission for my child to participate – in any program evaluation.

---

**FLORIDA 4-H EVENTS – YOUTH/ADULT CODE OF CONDUCT**

As a participant in Florida 4-H events, I have the responsibility of representing Florida 4-H programs to the public. I am expected to conduct myself in a manner that will bring honor to me, my family and 4-H. To do that, I must:

1. Obey local, state and federal laws. Follow policies set for county, district, state or national 4-H youth programs. I am responsible to know the rules for the event.
2. Speak and act in a responsible, courteous, and respectful way.
3. Act responsibly to maintain a safe environment for all participants. Report threats to the wellbeing of a participant.
4. Know that the use or possession of tobacco, alcohol and illegal drugs is prohibited at all 4-H events.
5. Know that the possession or use of firearms is prohibited, except when part of an approved educational program.
6. Respect all persons, facilities and vehicles. I will be responsible for any damage caused resulting from my behavior. Know that harassment of any type is illegal.
7. Help others have a pleasant experience by making every attempt to include all participants in activities.
8. Be in the assigned program area (for example: dorms, cabins, programs, etc.) at all times. If I am unable to attend, I will tell the adult in charge.
9. Dress appropriately for each event.
10. Not use a cell phone during any scheduled events. I understand that abuse of this could lead to loss of cell phone privileges or confiscation of my phone.

**PARTICIPANT:** I have read the Florida 4-H Events Code of Conduct above and agree to live up to the expectations. I realize my failure to do so could result in a loss of privileges during the event and/or in the future.

Participant Signature __________________________ Date ____________

---

**VERIFICATION**

I, ________________________________ (parent/guardian or adult participant) understand participants will be supervised and that, if serious illness or injury develops, medical and/or hospital care will be given. I hereby give my permission to the attending physician to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for my child or myself and affirm that the information set forth in the Health History is true and correct to the best of my knowledge and belief. I realize the event’s insurance will only cover a portion of the medical costs and I, or my personal insurance, may be responsible for the remaining expenses.

Parent/Guardian or Adult Participant Signature __________________________ Date ____________

I have read and understand the Florida 4-H Events Youth/Adult Code of Conduct, Publicity Release and Survey & Evaluation Release.

Parent/Guardian or Adult Participant Signature __________________________ Date ____________

I hereby release the Florida 4-H Foundation, local extension boards, the University of Florida, the State of Florida, and their agents, trustees, officers and employees, from all claims, demands, and causes of action of any kind, including claims of negligence, which may arise from participation of myself or my minor child in any Florida 4-H sponsored activity, and this release is specifically granted in consideration of the services, programs and activities being provided by Florida 4-H.

Parent/Guardian or Adult Participant Signature __________________________ Date ____________

Sworn to and subscribed before me this ______ day of ____________________, 20____.

Personally known: _______ Type ID: ________________________________

Notary Public: ________________________________

IFAS is an Equal Opportunity Employer authorized to provide research, educational information and other services only to individuals and institutions that function without regard to race, color, sex, sexual orientation, age, religion, handicap or national origin.

The 4-H name and emblem are protected under 18 U.S.C. 707
Florida 4-H Medication Form

Parent/Guardian: Please complete this form for any medication your child will be taking while attending any 4-H event, including non-prescription drugs, lotions, inhalers or any other items. This form must accompany your child’s medication for camp and the office needs one on file, please make a copy. Write your child’s name on a zip lock bag and place this form along with the medication inside the bag.

4-Hers name: ____________________________________________________________
Parent/Guardian name: ________________________________________________
Address: ______________________________________________________________
Phone (day): __________________ Phone (evening): _________________________
County/City: __________________________ Gender: ________________

The following will need to be completed for each medication your child will be taking while at any 4-H event, including non-prescription medications such as allergy medicine.

Medication name: ______________________________________________________
Dosage: _______________________________________________________________
Time of day for administration: __________________________________________
Special instructions or warnings: _________________________________________

Medication name: ______________________________________________________
Dosage: _______________________________________________________________
Time of day for administration: __________________________________________
Special instructions or warnings: _________________________________________

Medication name: ______________________________________________________
Dosage: _______________________________________________________________
Time of day for administration: __________________________________________
Special instructions or warnings: _________________________________________

Medication name: ______________________________________________________
Dosage: _______________________________________________________________
Time of day for administration: __________________________________________
Special instructions or warnings: _________________________________________
Cell phone policy agreement form:

- Campers, Counselors-In-Training, Counselors, and Youth Deans are not allowed to bring cell phones or any other electronic devices to camp. If a cell phone is brought with a camper, counselor, counselor-in-training or youth dean, it will be held by the County Agent until we return to the county office.

I, ________________________________, understand that I am not to bring a cell phone to camp.

(Print name of 4-H’er)

(Signature of 4-H’er) ____________________  (Date) ____________________

I know in this technology age it is difficult for youth to not be in contact via cell phone. Camp is a unique environment. We are trying to help youth develop life skills at camp including independence and self-reliance. Often time’s homesickness, which is a normal part of a week at camp, can be worsened by talking to mom and dad. We respect and appreciate the wonderful relationship youth and families have, but if our campers are to enjoy camp fully they must to able to develop this independence. If there is an emergency or we are concerned about the youth’s well-being, campers will be allowed to call home.

I, ________________________________, (Parent Name) have read the above cell phone policy and agree to the guidelines stated, including that the cell phone will be taken to be returned at the conclusion of Camp if the policy is violated. I understand that if there is an emergency and I cannot reach my child on their cell phone, I may contact the Camp Ocala at 352-759-2288.

(Signature of Parent) ____________________  (Date) ____________________

Graffiti Policy

Graffiti is defined as words or images that are written, scratched, painted or sprayed on walls or surfaces. Campers are not allowed to defame or deface ANY camp property. Campers/County will be held responsible for any and all graffiti and may be subject to any costs associated with the cleanup and/or repair of said graffiti.

I, (Print name of 4-H’er) ________________________________, understand that I am not to deface or defame any camp property

I, (Print name of 4-H’er Parent/Legal Guardian) ________________________________, understand the above 4H graffiti policy.
Cabin Assignment Request

Please indicate the name and age of a friend going to camp that you would like to be in the cabin with, 1 person of the same sex and age. We will do our best to accommodate the request. Also have your friend put your name on his/her form.

Friend:________________________  4-H Age__________  Female or Male
(as of 9/1/2009)

Special Dietary needs form

The purpose of this form is to communicate special dietary needs, food allergies, etc. for any child, teen, or adult who will be attending 4-H camp.

Name: ___________________________
County: OSCEOLA

Check One:

☐ Camper (5-13 years old)  ☐ Counselor –in-Training

☐ Teen Counselor (14-18 years old)  ☐ Adult volunteer or Extension faculty/staff

In the space provided below, please list all food allergies for the person listed above and any necessary precautions that should be taken:

In the space below, indicate and food restrictions (non-allergy) for the person listed above and food substitutes that may be considered:
This authorization form must be completed in full for someone other than the signing parent to pick up a child from camp. Full time participation is strongly encouraged.

I, ____________________________, as parent/guardian of the person listed above authorize the persons listed below to pick up my child in the case of an unexpected emergency. Names of person(s) who are authorized to pick up my child (Remember, we do not know you so list both parents/guardians names also). Persons leaving camp will be required to check out and show their license or other picture ID as proof of identification. If a teen drives themselves or other friends be sure to list the teen driver as an authorized release person.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Signature of Parent or Legal Guardian Date

Signature of 2nd Parent or Legal Guardian

If married, or divorced but having joint custody of the youth, both parents must sign. If divorced and having sole custody of the youth, only that parent with sole custody needs to sign.
Clothes should be modest and appropriate for active play in an outdoor setting.

1. Girls must wear one-piece bathing suits and boys are not allowed to wear Speedo swimwear.
2. No underwear of any kind showing, pants/shorts must be worn at reasonable waist length.
3. No see-through clothing without a shirt underneath.
4. Shorts must be mid-thigh or longer.
5. No bare midriffs—shirt sleeves must be at least 1" wide, no spaghetti straps and no bra straps showing.

Comfortable Clothes – appropriate for casual dress:

___ Shorts, jeans, slacks, T-shirts, at least 5 changes.
___ Tennis shoes or other closed toe shoes
___ Underclothing/socks, at least 5 changes.
___ 1 sweater/jacket/sweatshirt for cool nights.
___ Bathing suit/swim clothes.
___ Rain Gear ___ Pajamas

Personal Articles:

___ Toothbrush, toothpaste ___ Deodorant ___ Wash cloth & 2 towels
___ Soap & shampoo ___ Comb or brush ___ Shower shoes
___ plastic bag for dirty clothes ___ Insect repellent ___ Sunscreen

Bedding for bunk beds:

___ Pillow & case ___ 2 sheets & light blanket or sleeping bag

Other optional items:

___ Hat ___ Alarm clock ___ Water shoes
___ Flashlight ___ Camera & film ___ Sunglasses
___ Athletic attire for sports ___ Water bottle ___ Pen, paper, stamps

- Label all items clearly with camper's name. Do not bring expensive items to camp such as jewelry, radios, electronic games, etc.
- No money, candy, gum, snacks, knives or fireworks should be taken to camp.
- Please try to pack all clothing in a small suitcase of duffel bag, campers have to carry their suitcase to and from the car to their cabins.
FLORIDA INCOME ELIGIBILITY GUIDELINES FOR FREE AND REDUCED PRICE MEALS  
Effective from July 1, 2009, to June 30, 2010

<table>
<thead>
<tr>
<th>HOUSEHOLD SIZE</th>
<th>FEDERAL POVERTY GUIDELINES</th>
<th>REDUCED PRICE MEALS - 165%</th>
<th>FREE MEALS - 136%</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>ANNUAL</td>
<td>MONTHLY</td>
<td>EVERY TWO WEEKS</td>
</tr>
<tr>
<td>1...</td>
<td>19,806</td>
<td>320,036</td>
<td>19,670</td>
</tr>
<tr>
<td>2...</td>
<td>14,020</td>
<td>29,965</td>
<td>2,247</td>
</tr>
<tr>
<td>3...</td>
<td>10,310</td>
<td>23,872</td>
<td>1,823</td>
</tr>
<tr>
<td>4...</td>
<td>7,250</td>
<td>19,752</td>
<td>1,500</td>
</tr>
<tr>
<td>5...</td>
<td>5,500</td>
<td>16,732</td>
<td>1,286</td>
</tr>
<tr>
<td>6...</td>
<td>4,300</td>
<td>13,365</td>
<td>1,174</td>
</tr>
<tr>
<td>7...</td>
<td>3,370</td>
<td>9,920</td>
<td>1,063</td>
</tr>
<tr>
<td>8...</td>
<td>2,670</td>
<td>7,960</td>
<td>975</td>
</tr>
</tbody>
</table>

For each additional family member, add 3,740

| ALASKA | | | | |
|--------|--------|--------|--------|
| 1...   | 19,600 | 25,031 | 2,086  | 1,043  | 963    | 462             | 17,068 | 1,486 | 733 | 677 | 339 |
| 2...   | 15,590 | 20,980 | 1,624  | 1,424  | 1,296  | 716             | 13,978 | 1,597 | 782 | 760 | 456 |
| 3...   | 12,170 | 17,024 | 1,265  | 1,296  | 1,204  | 536             | 10,729 | 1,744 | 745 | 772 | 470 |
| 4...   | 9,480  | 13,190 | 975    | 1,134  | 1,134  | 374             | 8,515  | 1,624 | 808 | 856 | 568 |
| 5...   | 7,230  | 10,300 | 756    | 1,063  | 1,063  | 270             | 6,550  | 1,482 | 754 | 800 | 556 |
| 6...   | 5,320  | 7,860  | 587    | 1,236  | 1,236  | 139             | 5,400  | 1,500 | 782 | 832 | 582 |
| 7...   | 4,190  | 6,160  | 475    | 1,134  | 1,134  | 139             | 4,280  | 1,482 | 754 | 800 | 556 |
| 8...   | 3,320  | 5,130  | 387    | 1,063  | 1,063  | 139             | 3,450  | 1,482 | 754 | 800 | 556 |

For each additional family member, add 3,880

| HAW/AL | | | | |
|--------|--------|--------|--------|
| 1...   | 12,400 | 23,051 | 1,921  | 961    | 897    | 444             | 16,100 | 1,500 | 675 | 632 | 312 |
| 2...   | 10,760 | 20,000 | 1,500  | 1,393  | 1,193  | 557             | 16,796 | 1,616 | 730 | 680 | 419 |
| 3...   | 8,940  | 16,240 | 1,241  | 1,241  | 1,241  | 424             | 11,198 | 1,446 | 642 | 696 | 456 |
| 4...   | 7,500  | 13,900 | 1,056  | 1,056  | 1,056  | 342             | 10,096 | 1,393 | 650 | 706 | 502 |
| 5...   | 6,340  | 11,540 | 932    | 932    | 932    | 273             | 8,600  | 1,314 | 616 | 672 | 472 |
| 6...   | 5,320  | 9,320  | 823    | 823    | 823    | 217             | 7,320  | 1,282 | 604 | 656 | 492 |
| 7...   | 4,390  | 7,060  | 731    | 731    | 731    | 180             | 5,460  | 1,241 | 593 | 649 | 492 |
| 8...   | 3,620  | 5,340  | 648    | 648    | 648    | 144             | 4,560  | 1,208 | 582 | 638 | 492 |

For each additional family member, add 4,300

Privacy Act Statement: The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the social security number of the adult household member who signs the application. The social security number is not required when you apply on behalf of a foster child or you list a Food Stamp, Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number for your child or other (FDPIR) identifier or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the Program.

Non-discrimination Statement: In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write to USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington DC 20250-9410 or call (800) 795-3272 or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer. Please complete the following form using the instructions below or write N/A. Sign the form and return it.

To determine annual income:
- If you receive the income every week, multiply the total gross income by 52.
- If you receive the income every two weeks, multiply the total gross income by 26.
- If you receive the income twice a month, multiply the total gross income by 24.
- If you receive the income monthly, multiply the total gross income by 12.

Remember: The total income before taxes, social security, health benefits, union dues, or other deductions must be reported.
Follow these instructions, if your household gets FOOD STAMPS, TANF or FDPIR:

Part 1: List participant’s name and a Food Stamp, TANF or FDPIR case number.
Part 2: Skip this part.
Part 3: Skip this part.
Part 4: Sign the form. A Social Security Number is not necessary.
Part 5: Answer this question if you choose to.

If you are applying on behalf of a FOSTER CHILD, use a separate application for each foster child and follow these instructions:
Part 1: Enter the child’s name.
Part 2: Please contact us at [phone number of Sponsor]
Part 3: Skip this part.
Part 4: Sign the form. A Social Security Number is not necessary.
Part 5: Answer this question if you choose to.

ALL OTHER HOUSEHOLDS, including WIC households, follow these instructions:
Part 1: List each participant’s name.
Part 2: Skip this part.
Part 3: Follow these instructions to report total household income from last month.

Column A–Name: List the first and last name of each person living in your household, related or not (such as grandparents, other relatives, or friends who live with you). You must include yourself and all children living with you. Attach another sheet of paper if you need to.

Column B–Gross income last month and how often it was received. Next to each person’s name, list each type of income received last month, and how often it was received.
In Box 1, list the gross income each person earned from work. This is not the same as take-home pay.
Gross income is the amount earned before taxes and other deductions. The amount should be listed on your pay stub, or your boss can tell you. Next to the amount, write how often the person got it (weekly, every other week, twice a month, or monthly).
In Box 2, list the amount each person got last month from welfare, child support, alimony.
In Box 3, list Social Security, pensions, and retirement.
In Box 4, list ALL OTHER INCOME SOURCES including Worker’s Compensation, unemployment, strike benefits, Supplemental Security Income (SSI), Veteran’s benefits (VA benefits), disability benefits, regular contributions from people who do not live in your household. Report net income for self-owned business, farm, or rental income. Next to the amount, write how often the person got it. If you are in the Military Housing Privatization Initiative do not include this housing allowance.
Column C–Check if no income: If the person does not have any income, check the box.

Part 4: An adult household member must sign the form and list his or her Social Security Number, or mark the box if he or she doesn’t have one.

Part 5: Answer this question if you choose to.

Privacy Act Statement: This explains how we will use the information you give us.
Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly.
# Summer Food Service Program Meal benefit Income Eligibility Form

For Campers and Closed Enrolled Sites

**Part 1. Children enrolled in Camp or Closed Enrolled Sites.** (Use a separate application for each foster child)

<table>
<thead>
<tr>
<th>Names (First, Middle Initial, Last)</th>
<th>Food Stamp, TANF or FDPIR case #. Skip to Part 4 if you listed a case #.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Part 2. Foster Child** In certain cases, foster children are eligible for free and reduced-price meals regardless of household income. If foster children live with you, please contact [name of Sponsor] at [phone number]. Skip to Part 4.

**Part 3. Total Household Gross Income—you must tell us how much and how often**

<table>
<thead>
<tr>
<th>A. Name</th>
<th>B. Gross income and how often it was received</th>
<th>C. Check if NO income</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Example) Jane Smith</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Example: $100/monthly $100/twice a month $100/every other week $100/weekly</td>
<td></td>
</tr>
<tr>
<td>$200/weekly</td>
<td>$150/weekly</td>
<td>$100/monthly</td>
</tr>
<tr>
<td>$____<strong>/</strong>_____</td>
<td>$____<strong>/</strong>_____</td>
<td>$____<strong>/</strong>_____</td>
</tr>
<tr>
<td>$____<strong>/</strong>_____</td>
<td>$____<strong>/</strong>_____</td>
<td>$____<strong>/</strong>_____</td>
</tr>
<tr>
<td>$____<strong>/</strong>_____</td>
<td>$____<strong>/</strong>_____</td>
<td>$____<strong>/</strong>_____</td>
</tr>
<tr>
<td>$____<strong>/</strong>_____</td>
<td>$____<strong>/</strong>_____</td>
<td>$____<strong>/</strong>_____</td>
</tr>
<tr>
<td>$____<strong>/</strong>_____</td>
<td>$____<strong>/</strong>_____</td>
<td>$____<strong>/</strong>_____</td>
</tr>
</tbody>
</table>

**Part 4. Signature and Social Security Number (Adult must sign)**

An adult household member must sign this form. If Part 3 is completed, the adult signing the form must also list his or her Social Security Number or mark the “I do not have a Social Security Number” box. (See Privacy Act Statement on the back of this page.)

I certify that all information on this form is true and that all income is reported. I understand that this information is being given for the receipt of Federal funds. I understand that SFSP officials may verify the information. I understand that if I purposely give false information, the participant receiving meals may lose the meal benefits, and I may be prosecuted.

Sign here: X______________________________ Print Name:_____________________________ Date: ______________

Address:_______________________________________________________ Phone Number:______________________

Social Security Number: __ __ __ - __ __ - __ __ __ __ __ __ □ I do not have a Social Security Number

**Part 5. Participant’s ethnic and racial identities (optional)**

Mark one ethnic identity: □ Hispanic or Latino

Mark one or more racial identities: □ Asian □ American Indian or Alaska Native

□ Black or African American □ White □ Native Hawaiian or Other Pacific Islander

**Don’t fill out this part. This is for official use only.**

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24, Monthly x 12

Total Income: ____________ Per: □ Week □ Every □ 2 Weeks □ Twice A Month □ Month □ Year

Household size: __________

Categorical Eligibility: ____ Date Withdrawn: ________ Eligibility: Free___ Reduced___ Denied___

Reason: ____________________________________________________________________________

Temporary: Free_____ Reduced_____ Time Period: ___________________________ (expires after _____ days)

Determining Official’s Signature: __________________________________________ Date: ______________

Confirming Official’s Signature: __________________________________________ Date: ______________

Follow-up Official’s Signature: __________________________________________ Date: ______________
4-H SCHOLARSHIP POINTS  
(Subject to Available Funds)

You must turn in at least one complete project report with a score of 70 points or better, and you must have attended more 4-H club meetings than you missed, as well as earn 100 scholarship points in order to receive a partial scholarship to an event. You earn points by attending county and above level activities and events, not club level. For example, you are expected to do a demonstration and community service project with your club, which will not accrue any points, but if you compete at county Events or attend County 4-H Council meetings, you can earn points. NOTE: Scholarship points cannot be used for State 4-H Congress, unless you have won at county and district events.

NAME: ____________________________________________________ 
CLUB: ____________________________________________________

Osceola County Fair Premiums: (Maximum points from fair is 30 of each 100 points)  
(Include copy of Exhibitor Fair Premium Report - No Report/No Points)  

<table>
<thead>
<tr>
<th>Award</th>
<th>Points</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Best in Show</td>
<td>5 pts.</td>
<td></td>
</tr>
<tr>
<td>Best in class</td>
<td>4 pts.</td>
<td></td>
</tr>
<tr>
<td>Blue Ribbon</td>
<td>3 pts.</td>
<td></td>
</tr>
<tr>
<td>Red Ribbon</td>
<td>2 pts.</td>
<td></td>
</tr>
<tr>
<td>White Ribbon</td>
<td>1 pt.</td>
<td></td>
</tr>
<tr>
<td>Total BIS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total BIC</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Blues</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Reds</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Blues</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Whites</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Fair Points</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Demonstrations, Illustrated Talk or Public Speaking  

<table>
<thead>
<tr>
<th>Event Type</th>
<th>Points</th>
<th>List Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>County Events</td>
<td>15 pts.</td>
<td></td>
</tr>
<tr>
<td>District Events</td>
<td>20 pts.</td>
<td></td>
</tr>
<tr>
<td>Total Demo/Talk/Speech Points</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4-H Club Executive Officers  

<table>
<thead>
<tr>
<th>Position</th>
<th>Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>President</td>
<td>5 pts.</td>
</tr>
<tr>
<td>Vice-President</td>
<td></td>
</tr>
<tr>
<td>Secretary</td>
<td></td>
</tr>
<tr>
<td>Treasurer</td>
<td></td>
</tr>
<tr>
<td>Historian</td>
<td></td>
</tr>
<tr>
<td>Recreation Leader</td>
<td></td>
</tr>
<tr>
<td>Sergeant At Arms</td>
<td></td>
</tr>
</tbody>
</table>

(Circle the office)
**Parliamentarian**

**Reporter**

**Total Club Officer Points:**

<table>
<thead>
<tr>
<th>County Council Officer</th>
<th>10pts.</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Based on 1 over half of county council meetings attended)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>County Fund Raisers</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Food Booth</td>
<td>2 pts/half hour worked</td>
</tr>
<tr>
<td>Orchid Sale</td>
<td>2 pts/half hour of work</td>
</tr>
<tr>
<td>Farmer For a Day (Extension Exhibit Area/ Different form Food Booth)</td>
<td>2 pts/half hour worked</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>County Level 4-H Community Service Projects</strong>*</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>2 pts/half hour of work <em>(Ex: Monofilament Recycling, Farm City Dinner Server, Home for the Holidays)</em></td>
<td></td>
</tr>
<tr>
<td><strong>These community service projects MUST be 4-H community service projects and approved either by County 4-H Council OR an ongoing club level project approved by County 4-H Council and 4-H Extension Agent.</strong></td>
<td></td>
</tr>
<tr>
<td>List Date, Time, Location and Name must be on location sign-in sheet</td>
<td></td>
</tr>
<tr>
<td>Total Community Service Points:</td>
<td></td>
</tr>
</tbody>
</table>
Attendance at County or District Council Meetings

**County Council**

4 pts./meeting

**County Council Assigned Committees Ex: Awards, Advisory, Foundation**

4 pts./meeting per committee

**District VIII 4-H Council**

5 pts./meeting

**County Level Special Project Meetings**

5 pts./per meeting Ex: Farm-City Ambassador - points only if you attend both meetings AND do the tour with 4th graders, Camp Planning (CITs ONLY), Food Booth Training

**State 4-H Portfolio (See: florida4h.org)**

(Must be senior 4-H age 14-18)

50 pts. (Agent Approved)

**100% Attendance at 4-H Club Meetings**

Verified by club secretary book

10 pts.
### 4-H Promotional/Other Exhibits

<table>
<thead>
<tr>
<th>Event Description</th>
<th>Points</th>
<th>List dates/times/place:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coordinate Promotional Event Table/Display</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>(Ex.: Working with school to set-up table about 4-H club at school open house night)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Set-up display for promotional purposes</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>(National 4-H Week display at local library)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Volunteer at County-Coordinated Events Table/Display</td>
<td>2 pts/half hour worked</td>
<td></td>
</tr>
<tr>
<td>(Provide volunteer assistance at Great Outdoor Days Extension Booth)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Project Report (Current Year) (Maximum of 50 pts)

<table>
<thead>
<tr>
<th>Color</th>
<th>Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blue</td>
<td>25</td>
</tr>
<tr>
<td>Red</td>
<td>15</td>
</tr>
<tr>
<td>White</td>
<td>7</td>
</tr>
</tbody>
</table>

(Choose red (15 pts) to help guarantee you will have enough points, if event occurs prior to project report judging)

### Total Project Report Points: 

### Total Scholarship Points:

**NOTE:** If points are less than 100 and you have already attended an event, you will be required to repay scholarship money previously awarded.

Points must be verifiable by Club Secretary Book, Event Sign-in Sheets, Exhibitor Fair Premium Statement, Leader Verification

**Scholarship points will be used toward what trip(s), event(s) or activity(ies):**

---

4-H Leader Signature Required: _________________________________  Date: ____________________________  Revised: 07/28/09