



2024 Camp Canopy Scholarship Application

The Geauga Soil and Water Conservation District (SWCD) is pleased to offer scholarship funding for the **2024 Camp Canopy**, held **June 9-14**th at FFA Camp Muskingum in Carroll County. Sponsored by the Ohio Forestry Association, this weeklong residential camp for high school students explores many branches of forest ecology including silviculture, tree identification, wildlife and forestry management, and forest products. Applicants must be a current Geauga County resident and enrolled in high school at the time of camp. Students who have completed eighth grade through seniors graduating this year are welcome to apply. **Applications are due by 3:00 pm on Friday, May 3, 2024**. Scholarship recipients may be asked by the Geauga SWCD Board of Supervisors to provide a short presentation and/or report with photos highlighting their camp experiences at one of the district's regular board meetings.

Please email application to gprunty@geauga.oh.gov or mail or submit application in person to *Geauga Soil and Water Conservation District, 12611 Ravenwood Dr. Suite 240, Chardon, OH 44024.* Visit geaugaswcd.com or call 440-834-1122 if you have any questions about the scholarship. For more information about Camp Canopy in general, visit ohioforestry.org.

Name								
Address								
City		State	Zip	,	Email Address			
Daytime Phone Number		Cell Phone N		lumber		Parent Name & Phone Number		
School				Homeroom Teacher				
Age (as of January 2024) Grade				Scholarship Amount Requested (select one):				
				F	ULL \$450	or [PARTIAL \$	(fill in amount)
Please <u>include one additional page</u> explaining in detail why you would like to attend camp, what you hope to gain from the experience, and how it will benefit your future. This page must be typed, sufficient in length, and exhibit a professional appearance. Thank you for your interest!								
I certify that the information provided on this scholarship application is true. Any information that is false or misleading can result in the loss of the scholarship, if awarded. My signature grants Geauga SWCD permission to publicize my name as the recipient of the scholarship.								
Signature of Applicant			Date					
Signature of Parent or Guardian			Date					