

For Office Use Only
Date Received in Extension Office

Updated 5/3/09

APPLICATION FOR FUNDING FROM JEFFERSON COUNTY 4-H FOUNDATION

Name of Applicant _____ Years in 4-H _____

Address _____ Club _____

City/ZIP _____ Registration Due Date** _____ 20_____

Name of Parent/Guardian _____ Phone No. _____

Activity you would like funding for: _____

Date(s) & Location of Event _____ Adult _____ Youth _____

Total Cost _____ Breakdown of Cost (registration, travel etc.) _____

What do you hope to learn from participating in this activity? _____

(Please attach more information regarding this activity if you feel the Foundation would have questions and need more specific details.)

How will the county 4-H program benefit from your participation in this activity? _____

If selected, would you be willing to conduct a short presentation on your activity to groups? (e.g. club meetings, Achievement Banquet, etc.) Yes _____ No _____

**** SUBMIT APPLICATION TO THE EXTENSION OFFICE BY THE DUE DATE OF THE REGISTRATION FOR THE EVENT YOU ARE ATTENDING.**

PLEASE NOTE THE FOLLOWING:

- 1) AMOUNT AWARDED IS DEPENDENT UPON FUNDS AVAILABLE.**
- 2) FUNDS WILL BE DISTRIBUTED AFTER VERIFICATION OF ATTENDANCE AT EVENT.**

Approved _____

AMOUNT _____

Parent/Guardian's Signature
(Approval to attend this activity)

Foundation Initials

_____/Date _____

_____/Date _____

Community Leaders' Signature
(Verifying member in good standing)

4-H Member's Signature

Date