JEFFERSON COUNTY 4-H FOUNDATION FUNDING APPLICATION

Applicant Name ____________________________ Adult ____ Youth ____

Years in 4-H ____ Club _________________________ # of club mtgs gone to this year? ____

Address ___________________________________ City/ Zip _________________________

Parent/Guardian Name _______________________________ Phone No. ________________

Activity/Event ________________________________Registration Due Date______________

Date(s) of Event _______________________ Event Location ___________________________

Total Cost __________ Breakdown of Cost (registration/travel etc.) _____________________

Why do you want to participate in this activity? _____________________________________

_____________________________________________________________________________

_____________________________________________________________________________

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

_____________________________________________________________________________

_____________________________________________________________________________

Would you be willing to give a short presentation about this activity at club meetings,
Achievement Banquet, etc.? Yes ________ No ________

_________________________________  __________________________________

Parent/Guardian’s Signature  

Community Leader’s Signature

_________________________________  _________________

4-H Member’s Signature  

Date

Please Note the Following:

1. This form should be turned into the Extension Office by the due date for this event.
2. Amount awarded is dependent upon funds available.
3. Funds are distributed through your Community Leader after you have attended.

Rev. 2/16