

INDIVIDUAL/TEAM GRANT APPLICATION

APPLICATIONS SHOULD BE SUBMITTED PRIOR TO THE EVENT, IF POSSIBLE, OR NO LATER THAN THE MONTH END FOLLOWING THE EVENT. APPLICATIONS WILL BE REVIEWED AT NEXT QUARTERLY BOARD MEETING FOLLOWING SUBMISSION OF THIS APPLICATION TO THE EXTENSION OFFICE.

NAME: ADDRESS:		
CITY/STATE/Z	<u></u>	
PHONE:		E-MAIL:
PARENT(S) O	R GUARDIAN(S):	
	Experience I Wish to Attend:	
Date of Event	Total Cost:	
	Other Support Received:	\$
	Amount You Will Pay:	\$
	Amount Requested:	\$
	Amount requested.	Ψ
AGE:		
		_
Have you rece	ived previous grants from the Fo	oundation? Describe below:
Briefly describe	e your 4-H activities and/or reaso	on for attending this activity:
	50UD5D	
SIGNATURE R		baliava it to be correct. In the event that
•	•	believe it to be correct. In the event that I will refund any funds paid and/or advanced
on my behalf.	mange and ram not able to attend,	T will retain any lands paid and/or advanted
APPLICANT/1	EAM:	DATE:
PARENT:		DATE:



PROJECT LEADER OR COACH PROJECT SUPPORT GRANT APPLICATION

(Supplies or Expenses needed for Project/Team)

APPLICATIONS MUST BE SUBMITTED PRIOR TO PROPOSED EVENT.

APPLICATIONS WILL BE REVIEWED AT THE QUARTERLY BOARD MEETING FOLLOWING SUBMISSION OF THIS APPLICATION TO THE EXTENSION OFFICE.

NAME:			
ADDRESS:			
CITY/STATE/ZIP:			
PHONE:	E-MAIL:		
Project or Team Requesting Support:			
Budget			
Expected Cost:	\$		
Matching/Other Support Received:	\$		
Other:	\$ \$ \$		
Amount Requested:	\$		
Purpose of Funds:			
How will this benefit the 4-H members?			
SIGNATURE REQUIRED:			
I have personally prepared this application and believe it to be correct. I agree to provide a a			
presentation (poster, display, slide show, news release) at the Foundation annual dinner or			
another public (non project or club related) event acceptable to the Foundation Board.			
LEADER/COACH:	DATE:		