



For Office Use Only

Date rec'd in Extension Office _____

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

Approved Yes / No
Amount _____
Foundation Initials
_____/Date_____
_____/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.