Search and Extension Meadowlark APPLICATI	ON FOR FUNDING FROM 4-H COUNCIL
Name of Applicant	AdultYouth
Address	Club
City/ZIP	Phone #
Activity you would like funding for:	
Date(s) & Location of Event	
Total Cost \$ Use space below to lis	st estimated budget or attach a separate sheet.
What do you hope to learn OR offer from partici	pating in this activity?
(Please attach more information if you feel the 4-H Council would have questions and need more specific details.)         If funded, would you be willing to conduct a short presentation on your event/activity to groups?         (i.e. 4-H Council meetings, club meetings, Achievement Banquet, etc.)         YesNo         ** Submit Application to the Extension Office Prior to the Registration Deadline for the Event You Are Attending or the 4-H Council Meeting Prior to Activity You're Planning.**         PLEASE NOTE THE FOLLOWING:         1) Amount Awarded Is Dependent upon Funds Available.         2) Funds Will Be Distributed after Verification of Event Attendance.	
Applicant's Signature Estimated Budget	Date
Registration	For Office Use Only
Travel	Date Received in Extension Office
Supplies	Council Initials Approved
Advertising	Council Initials Approved /Date AMOUNT \$
Other Total Cost	/Date