

# 4-H Member Financial Assistance Application

## Participant Information

Member Name: \_\_\_\_\_ Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Email: \_\_\_\_\_ Parent/Guardian Phone: \_\_\_\_\_

I would like to be listed as anonymous to the Leaders Council/Foundation Executive Committee

## Application Information

Event or Activity I would like to attend: \_\_\_\_\_

Date(s) of the Event or Activity: \_\_\_\_\_

Total Cost: \$ \_\_\_\_\_ Amount I am able to pay: \$ \_\_\_\_\_ Amount Requested: \$ \_\_\_\_\_

## Signatures

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Officer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

County Extension Agent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Supplemental Information

1. To be completed by the youth member or dictated to parent/guardian, Extension staff, or volunteer leader. Your application will not be considered if this section is left blank. Please tell us why you would like to participate in this event or activity.

2. To be completed by the parent/guardian. Your application will not be considered if this section is left blank. Please share a statement of financial need.

Thank you for your application for 4-H Member Financial Assistance. The Leaders Council/Foundation Executive Committee will review your application, and you will be notified after a decision has been made.

