



Adams County 4-H Leaders' Council

4-H Financial Support Application

for support of partial expenses associated with camps, workshops, conferences, forums,
seed money for project, etc. with potential to expand the individual and the capacity of Adams County 4-H.

Applicant _____ Age _____ Adult ☐
Youth

Sponsor (optional) _____ Relationship: _____
Name of person requesting support for someone else (leader, program coordinator, mentor, etc.)

Signature of Applicant or Sponsor _____ Date _____

APPLICANT INFO:

Address _____ City _____ Zip _____

Phone(s) _____ E-mail _____

Name of Club/Group _____ Leader _____

Activity/event name or description _____

Date(s) of activity _____ Location of activity _____

Total cost _____ Amount being applied for _____

Have you looked for other sources of money? (Example: Chamber, Own Club, Grange, Lions, etc.)

Yes _____ No _____ Comments _____

Please submit the following information along with this application:

1. Letter of application. Include 4-H projects/activities, involvement in family, school, and community activities for intended recipient. Also state your reason(s) for wanting to attend, receive funding or sponsor this activity.
2. For youth applicants: a note of recommendation from a 4-H leader or sponsor indicating financial need and describing the youth's desire to attend this activity.
3. What will the applicant do in return for the County 4-H program: such as recruit members or volunteers, speak about the experience, serve as camp counselor or chaperone, conduct a workshop, promote 4-H, assist with planning or conducting a 4-H event, etc.

Applicant must be an enrolled 4-H member or certified 4-H volunteer.

Please submit this application along with the above information to the Adams County Leaders' Council Treasurer. Plan to present in person at the next Council meeting. **Preference will be given to applicants who present their request in person.** For meeting information, please consult the Adams County Leaders' Council Treasurer or call the WSU Extension office at 659-3209.

Upon approval by the Council, you will be **reimbursed** unless a need for other arrangements is indicated and requested.

Approved at _____, WA Date _____

Council President _____ Treasurer _____

Paid Check No. _____ Dated _____