

Officer Signature

Date

				DATE OF APPLICATION:	
4	WHATCOM	COUNTY 4-	Н	THIS APPLICATION IS FOR:A:	
1	REQUEST F	_		\square Leader \square Teen Leader \square	Member
	EVENT FUN	IDING / ASS	ISTANCE	☐ Parent ☐ Chaperone ☐ ☐ Non-Member	Club
NAME:					
ADDRE	:SS:				
DHONE					
	E / E-MAIL <u>:</u>				
	DATE:				
TOTAL ESTIMATED COST OF EVENT:				_ AMOUNT YOU NEED:	
WHY DO YOU WANT TO ATTEND THIS EVENT?					
PLEASE CHOOSE ONE FORM OF FOLLOW UP THAT YOU WILL AGREE TO DO: Speak to another club about the event Create a poster about the event for public viewing					
	Publish an article for a ne	wsletter		Other:	
				cil meeting <i>following</i> the event. If, for any reason, I decide do n he funds. Receipts and proof of attendance required	ot attend the
parent /g	uardian signature	date		recipient signature	date
month be	fore the event for which you are r	equesting funding. S	Submitting an ap	ther month (O,D,F,A,J,A) 7PM. Please submit this application a oplication is not a guarantee that funding will be provided. It is more information about scheduled meeting times: 676-6736	it least one strongly
FOR CO	UNCIL ONLY:				
☐ Appr	oved. Amount:				
☐ Reje	cted. Reason:				

Additional copies of this form at: http://www.whatcom.wsu.edu/4-h/Forms/assistance application.pdf

Officer Signature

Date