SKAGIT COUNTY 4-H
REQUEST FOR
EVENT FUNDING / SCHOLARSHIP

DATE OF APPLICATION: _____

CHECK ALL FOR WHOM YOU ARE APPLYING:

☐ **Leader** ☐ **Teen Leader** ☐ **Member**

☐ **Parent** ☐**Other** _____

NAME: _____

ADDRESS: _____

_____

PHONE / E-MAIL: _____

EVENT: _____

EVENT DATE: _____

ATTENDEES INCLUDED IN THIS REQUEST: _____

_____

TOTAL ESTIMATED COST OF EVENT: _____ **AMOUNT YOU NEED:** _____

WHY DO YOU WANT TO ATTEND THIS EVENT?

HOW WILL YOU SHARE WHAT YOU LEARN FROM THIS EVENT?

WHAT OTHER WAYS HAVE YOU TRIED TO RAISE MONEY TO ATTEND THIS EVENT?

By signing this, I agree that the money requested will be used for the intended purpose. If, for any reason, I do not attend the event, the money will be reimbursed to the Leader's Council no later than one month following the date of the event. I will provide the Leader's Council with necessary receipts.

_____

adult signatory (responsible recipient) date

Skagit Leader's Council usually meets the first Monday evening of every month. Please submit this application at least one month before the event for which you are requesting funding. Submitting an application is not a guarantee that funding will be provided. It is strongly recommended you make your request to the Leader's Council in person. For more information about scheduled meeting times: 428-4270

FOR COUNCIL ONLY:

☐ **Approved. Amount:**

☐ **Rejected. Reason:** _____

_____ _____

Officer Signature **Date** **Officer Signature** **Date**

Additional copies of this form can be found at: http://skagit.wsu.edu/4-HSC/images/scolarapp.pdf