

Anchorage 4-H Leaders Association Member Request for Assistance



Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ email: _____

Parent(s) Name: _____ Work Phone: _____

4-H Club Name: _____

Funds Requested for: (event) _____ Date of Event: _____

Cost of Event: _____ Amount Requested: _____

1. Please answer on the back:

- What will you use the funds for?
- Why do you want to attend this event?
- How do you plan to use the knowledge and skills to benefit your club and 4-H?

2. If you receive partial funding, will you attend the event? _____

3. How else will you raise the money needed? (use back if needed) _____

Please read and sign:

Upon acceptance of this grant you, (and your parent or guardian), agree to recognize Anchorage 4-H Leaders Association for their support and to provide to the Anchorage Cooperative Extension 4-H office, a report at the completion of the event that answer the following questions:

- What were your goals?
- How did this activity help you achieve your goals?
- How did you recognize 4-H for their support?

In addition, you will provide receipts for qualified expenses equal to or greater than funds granted. Any unspent funds must be returned to Anchorage 4-H.

**Please provide photos, news clippings and any other related activity materials to the 4-H office that you wish to have published on the 4-H web page or Anchorage Facebook page.*

Youth Signature

Date

I have read the above application and agree to support and assist my child in any manner possible to accomplish his/her goals for this event.

Adult Signature

Date