WHATCOM COUNTY 4-H
REQUEST FOR
EVENT FUNDING / ASSISTANCE

DATE OF APPLICATION: _____

THIS APPLICATION IS FOR:A:
☐ **Leader** ☐ **Teen Leader** ☐ **Member**
☐ **Parent** ☐ **Other** _____

NAME: _____

ADDRESS: _____

_____

PHONE / E-MAIL: _____

EVENT: _____

EVENT DATE: _____

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

WHY DO YOU WANT TO ATTEND THIS EVENT?

YOU ARE REQUIRED TO SUBMIT A WRITTEN REPORT TO COUNCIL OF THE EVENT. PLEASE CHOOSE ONE ADDITIONAL 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 newsletter ☐ Other: _____

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.

_____ _____
parent /guardian signature date recipient signature date

Whatcom 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 at: http://www.whatcom.wsu.edu/4-h/Forms/assistance_application.pdf