2019-2020 GONZALES COUNTY 4-H ADULT LEADERS

LIMITED FINANCIAL ASSISTANCE REQUEST FORM

(Must submit form within 30 days to be considered)

4-H Member's Name: _____

Parent's Name: _____ Contact Number: _____

Date of Event: _____

Event: _____

Expenses:

Parking Fee: _____ Mileage: _____ Other: _____

Per member:

1) Provide copies of the scheduled events.
2) Attach a hand written or typed paragraph on a regular sheet of paper explaining what was learned from this 4-H event.
3) Submit copies of receipts.
4) Download and print VERIFICATION FORM (online at gonzalesagrilife.org). Complete and submit form once you have spoken at either a club or council meeting within 2 months of this event. (April-August events will be shared within the first two months of the 4-H year). Please note if verification form is not received then the limited reimbursement request is forfeited.

We have read and understand the expectations to be eligible to receive limited financial aid.

Parent Signature: _____

Member Signature: _____

Thank you for representing Gonzales County 4-H !

Paperwork will be reviewed during regularly scheduled meetings of the Adult Leaders.

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To be filled out by office only:

Date submitted: _____