

**Tom Green County 4-H  
National & State Level Leadership Opportunity  
Financial Assistance Application**

*Need and merit based applications will be considered. Please FULLY complete application. Incomplete applications will not be reviewed. Information provided will remain confidential within the Scholarship/Finance committee. Must be active 4-H member to apply. Must be submitted 2 weeks prior to event registration.*

NAME: \_\_\_\_\_

PARENT(S)/GUARDIAN(S): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

4-H CLUB: \_\_\_\_\_ NO. OF YRS IN 4-H: \_\_\_\_\_

1.) PROGRAM AND FINANCIAL REQUEST INFORMATION:

**Activity/Program Name:**

Listed program fee (registration or entry fees):	+	\$
Estimated travel expenses:	+	\$
Expected family contribution:	(-)	\$
Other contributions:	(-)	\$
<b>Total Amount Requested:</b>	=	\$

*For items 2-4, you may attach additional pages as needed.*

2.) PLEASE TELL US WHY YOU FEEL YOU SHOULD RECEIVE FUNDS FOR THIS ACTIVITY. BE SURE TO INCLUDE ANY SPECIAL CIRCUMSTANCES:

3.) PLEASE LIST YOUR 4-H PROJECTS, ESPECIALLY THOSE RELATED TO THE ACTIVITY YOU ARE REQUESTING BE FUNDED:

4.) PLEASE LIST YOUR OTHER 4-H ACTIVITIES (MAY INCLUDE COMMUNITY SERVICE OR CLUB PROJECTS):

5.) HAVE YOU, OR DO YOU CURRENTLY HOLD A LEADERSHIP POSITION AT THE COUNTY, DISTRICT, OR STATE LEVEL?

YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES, WHICH POSITION(S)? \_\_\_\_\_

*I certify that all the information submitted in this application is correct and true. I also understand that my application is not a guarantee of award of funds. Funds awarded are to be used for registration or entry fees for the event(s) I am attending only, unless otherwise specified by the Scholarship/Finance committee. Funds will be awarded on an as needed basis, and the Scholarship/Finance Committee retains the right to request a return of funds awarded if not used in accordance to this program.*

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*4-H Member/Applicant Signature*

*Date*

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*Parent/Guardian Signature*

*Date*