

UNION COUNTY **4-H** LEADERS ASSOCIATION

APPLICATION FOR THE REQUEST OF FUNDS

Date: _____

4-H Club Name

Division

Leader's Name

Phone #

Kids in Club

of Teen Leaders

Leaders/Assist. Leaders

Total # enrolled

Amount of Dollars and/or Product needed: _____

Description of Project: _____

Are there any fundraisers being done to help raise the funds? (If yes, Explain) _____

Project Date: _____ **Location:** _____

Project Start Date/Time: _____ **Project Finish Date/Time:** _____

Will this be considered a Community Service Project? Yes No

Will this be considered a Club Project? Yes No

Comments: _____

Leader's Signature

Date

4-H Member Signature

Date

Office Use Only

Approved

Denied

Date: _____

CK# _____

4-H Youth Development Extension Faculty Member

Date: _____

Union County Leaders Assoc. President

Date: _____