



## Crook County 4-H Don Lewis, DVM Memorial Fund for 4-H Market Projects

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Please complete and return this form and additional (required documents) to:

Crook County 4-H Association  
c/o Don Lewis, DVM Memorial Fund  
498 S.E. Lynn Blvd.  
Prineville, OR 97754

**Background:** The Don Lewis, DVM Memorial Fund was established in 2012 in memory of Dr. Don Lewis. Dr. Lewis was a long standing supporter of Crook County 4-H and 4-H market projects. The fund is intended to aid youth in the purchase of their market animals, needed supplies and feed for their market projects.

**Repayment Requirement:** At the conclusion of the 4-H year (no later than October 1<sup>st</sup>) recipients are required to pay back the monies received with an additional \$25 to further support the fund.

**Eligibility:** Currently enrolled Crook County 4-H members taking a 4-H livestock animal project.

**Selection:** Fund(s) to be awarded to youth who are actively enrolled in the Crook County 4-H program and taking a livestock animal project. Funds will be awarded based on the information provided in the application and additional required documents.

**Additional Required Documents Include:**

- Livestock Animal Project Budget: including estimated costs needed to purchase, raise, care for, provide veterinary care and feed Livestock project(s)
- A 500 word (or less) essay including information about: why you are requesting the funds, what you hope to learn about your market project, and how you plan to repay the monies awarded

Applications are accepted throughout the 4-H year, October 1-September 30. Applications due to the OSU Extension Office by the first Friday of each month to allow the committee to review the applications in a timely manner.

## Crook County 4-H Don Lewis, DVM Memorial Fund Application

**Please note:** all recipients are required to pay back fund dollars awarded with an additional \$25 to help ensure the sustainability of the fund. Failure to repay the monies awarded, regardless of outcome of livestock project, could exclude the recipient from future participation in Crook County 4-H Programs.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (Day): \_\_\_\_\_ (Evening): \_\_\_\_\_

Email: \_\_\_\_\_

Parents: \_\_\_\_\_

Amount Requested: \_\_\_\_\_

Have you ever been in 4-H before? Yes \_\_\_ No \_\_\_ For how many years? \_\_\_\_\_

If so please fill out who your leader was/is and what 4-H projects you completed:

4-H Leader(s): \_\_\_\_\_

4-H Project(s): \_\_\_\_\_

\_\_\_\_\_  
Member Signature \_\_\_\_\_ Date

\_\_\_\_\_  
Parent Signature \_\_\_\_\_ Date

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