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

Merit and/or need based applications will be considered. Each youth applying will need to FULLY complete the application, incomplete applications will not be reviewed. All information provided will remain confidential within the committee. To apply, you must be an ACTIVE 4-H member. Applications need to be submitted two weeks prior to the event/program.

Name:			
Parent(s)/Guardians			
Address:			
Phone:		Email:	
4-H Club:		No. of years in 4-H:	
Event/Program/Contest Name:			
Event/Program/Contest Location:			
Event/Program/Contest Date(s):			
Registration or Entry Fee	+		
Estimated Travel Expenses	+		
Mileage/Meals			
Hotel			
Expected Family Contribution	(-)		
Other Contributions	(-)		
Total Amount Requested	=		

For the below items you may attach additional pages as needed.

Please tell us why you feel you should receive funds for this activity. Be sure to include any special circumstances.

Please list your 4-H projects, especially the funded:	se related to the activity you are requesting be
Please list your other 4-H activities (may in	nclude community service or club projects):
Have you, or do you currently hold a leade state level? If yes, which positions?	rship position at the club, county, district, or
understand that my application is not a guarused for registration or entry fees for the even by the Committee. Funds will be awarded on	ed in this application is correct and true. I also rantee of award of funds. Funds awarded are to be nt(s) I am attending only, unless otherwise specified a needed basis, and the committee retains the right lif not used in accordance to this program.
4-H Member / Applicant Signature	Date
Parent/Guardian Signature	Date