



Date of Application: _____

APPLICANT INFORMATION:

Name _____

4-H Club: _____

Address: _____

Position: _____

Phone Number: _____

E-mail: _____

Signature of Applicant: _____

This signature certifies all information provided in this application is true and accurate

EVENT INFORMATION:

Name of 4-H Event: _____

Cost of Event: _____

Date(s) 4-H Event: _____

Amount Requested: _____

Location of 4-H Event: _____

Have you received other
Grants this year? _____

Description of 4-H Event: _____

In the space provided, please write a paragraph that describes your role in this 4-H event: *(4-Header, leader, coach, speaker, training participant, etc. Please be specific about your activities and how your participation will further the learning experience for you and/or the St. Mary's County 4-H Program.)*

Request for reimbursement of expenses: Receipts MUST be attached for all expenses.

Date	Description of Expense	Amount
Total Grant Request:		

<input type="checkbox"/> Approved Amount: _____	<input type="checkbox"/> Disapproved	Reviewers' Initials
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