



INDIVIDUAL/TEAM GRANT APPLICATION

DUE: April 30th or October 31st

NAME: _____
ADDRESS: _____
CITY/STATE/ZIP: _____
PHONE: _____ **E-MAIL:** _____

PARENT(S) OR GUARDIAN(S): _____

Youth & 4-H Experience I Wish to Attend: _____

Date of Event: _____

| | |
|-------------------------|----|
| Total Cost: | \$ |
| Other Support Received: | \$ |
| Amount You Will Pay: | \$ |
| Amount Requested: | \$ |

AGE: _____

Have you received previous grants from the Foundation? Describe below:

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| |

Briefly describe your 4-H activities and/or reason for attending this activity:

| |
|--|
| |
| |
| |

SIGNATURE REQUIRED:

I have personally prepared this application and believe it to be correct. In the event that circumstances change and I am not able to attend, I will refund any funds paid and/or advanced on my behalf.

APPLICANT/TEAM: _____ **DATE:** _____
PARENT: _____ **DATE:** _____



**PROJECT LEADER OR COACH
PROJECT SUPPORT GRANT
APPLICATION**
(Supplies or Expenses needed for Project/Team)

DUE: April 30th or October 31st

NAME: _____
ADDRESS: _____
CITY/STATE/ZIP: _____
PHONE: _____ **E-MAIL:** _____

Project or Team Requesting Support:

Budget

| | | |
|----------------------------------|-----------|-------|
| Expected Cost: | \$ | _____ |
| Matching/Other Support Received: | \$ | _____ |
| Other: _____ | \$ | _____ |
| Amount Requested: | \$ | _____ |

Purpose of Funds:

How will this benefit Miami County 4-H members?

SIGNATURE REQUIRED:

I have personally prepared this application and believe it to be correct. I agree to provide a presentation (poster, display, slide show, news release) at the Foundation annual dinner or another public (non project or club related) event acceptable to the Foundation Board.

LEADER/COACH: _____ **DATE:** _____