



4-H Youth Development Financial Assistance Application for Travel for 4-H Groups

NOTE: This is **not** an application to attend camp. Reservations may be made by contacting the Iowa 4-H Center, 1991 Peach Ave., Madrid IA 50156, (515)795-2389.

For Office Use Only	
Amt. Funded \$ _____	Confirmation letter sent on _____

For application procedures see "Financial Assistance for Travel for 4-H Groups" VI-980101-FS.

Applications due to county Extension office by January 10 or May 1

County Extension Office Send Applications by January 20 or May 10 to: Iowa 4-H Foundation
Extension 4-H Youth Building
Iowa State University
Ames IA 50011-3630

Name of 4-H Group _____ County _____
 Contact Person _____ Title (i.e.: leader, officer) _____
 Address _____
 City/State/Zipcode+4 _____
 Phone _____ Email _____

Date of Camp or Field School _____ Total Cost \$ _____
 The amount of the cost group will be able to assume \$ _____
 Amount requested from Iowa 4-H Foundation \$ _____

Number of Youth in Group _____ Number of Volunteers who will attend _____
 Grades of Members _____
 Miles from the 4-H Center _____ Has your group attended the 4-H Center before? Yes ___ No ___

Briefly describe your 4-H group's activities:

Signature of Organizational Leader _____ Date _____
Signature of County Extension Staff Member _____ Date _____
Required Email _____

NOTE TO EXTENSION STAFF MEMBER OR VOLUNTEER LEADER: Please provide information statement regarding the financial need of this 4-H group to assist the selection committee in making allocations. **APPLICATION WILL NOT BE CONSIDERED WITHOUT STATEMENT.**