

**Winneshiek County 4-H
Financial Assistance Application**

Name _____ Address _____

City _____ State _____ Zip _____

Club _____

Age _____ Grade _____

Parent(s) or Guardian(s) _____

Youth/4-H educational experience I wish to attend:

Name of Event _____ Total Cost \$ _____

Date of Event _____

The amount of the cost I will be able to assume \$ _____

Amount requested \$ _____

What do you hope to gain from this experience? _____

Briefly describe your 4-H involvement: _____

Signature of Applicant _____ Date _____

Signature of Parent or Guardian _____ Date _____

OFFICE USE ONLY

Approval Date: _____

Follow-up Letter: _____

Budget Line: _____

A follow-up letter will be sent regarding your application at a later date. If awarded financial assistance, please remember to send a thank you note.



IOWA STATE UNIVERSITY
Extension and Outreach

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