



Financial Assistance Application for IFYE

Applications assistance may be submitted at any time and will be evaluated on a rolling basis.

Participant Information

Name: _____

Home mailing/street address: _____

City/State/Zip: _____

Name of Parent(s)/Guardian(s): _____

Parent Email: _____

School Attending: _____

Major: _____

Birthdate: _____ 4-H Alum: Yes No If yes, years in 4-H: _____ County: _____

I am applying for: \$1,000 IFYE Scholarship

Have you previously received financial assistance from the Iowa 4-H Foundation? Yes No

If yes, when and for what purpose: _____

Why are you interested in participating in the IFYE Program?

What do you hope to gain by participating in IFYE?

For Office Use: Amount Funded: \$ _____ Approved by: _____ Confirmation Letter Sent: _____

How will you bring back what you learn to your home community?

Tell us about your leadership experiences and community service participation.

Required Signatures:

Signature of Applicant: _____ **Date:** _____

County Staff: Send form to: Iowa 4-H Foundation, Ext. 4-H Youth Building, Ames IA 50011
Or email: iowa4h@iastate.edu.

For Office Use: Amount Funded: \$ _____ Approved by: _____ Confirmation Letter Sent: _____