



# Plymouth County 4-H Advisory Council **4-H Programs Funding Request Form**



Applicant's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent(s)/Guardian Name \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone # \_\_\_\_\_ Email: \_\_\_\_\_

4-H Member: \_\_\_\_\_ Volunteer \_\_\_\_\_ # of Years in 4-H \_\_\_\_\_

Name of Club \_\_\_\_\_

### *Dates of program applying for:*

4-H Camp \_\_\_\_\_ 4-H Teen Conference \_\_\_\_\_ 4-H Teen Congress \_\_\_\_\_

Workshop \_\_\_\_\_ Training \_\_\_\_\_

Other: \_\_\_\_\_

Cost of Program: \_\_\_\_\_ Grant amount requested: \_\_\_\_\_

***Program brochure & registration information should be attached to this form.***

List any other funding sources applied for this program: \_\_\_\_\_

APPLICANT: (Reasons for applying fill in below): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian Additional Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

1. Applicants are required to pay the balance of the program fee.
2. Program brochure & registration information must be attached to this request
3. Applications must be returned to the 4-H Plymouth County Advisory Council **at least 6 weeks in advance of program start date or by April 1 for 4-H Camps.**

Please send completed applications to:  
Plymouth County 4-H, 44 Obery Street, Plymouth, Ma 02360