



Date of Application: \_\_\_\_\_

**APPLICANT INFORMATION:**

Name \_\_\_\_\_

4-H Club: \_\_\_\_\_

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

Age: \_\_\_\_\_ Years in 4-H: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

*\*This signature certifies all information provided in this application is true and accurate\**

**EVENT INFORMATION:**

Name of 4-H Event: \_\_\_\_\_

Cost of Event: \_\_\_\_\_

Date(s) 4-H Event: \_\_\_\_\_

Amount Requested: \_\_\_\_\_

Location of 4-H Event: \_\_\_\_\_

Have you received other  
Scholarships this year? \_\_\_\_\_

Description of 4-H Event: \_\_\_\_\_  
\_\_\_\_\_

In the space provided, please write a paragraph that describes your role in this 4-H event: *(4-Her, leader, coach, speaker, training participant, etc. Please be specific about your activities and how your participation will further the learning experience for you and/or the St. Mary's County 4-H Program.)*

**Request for reimbursement of expenses:** Receipts **MUST** be attached for all expenses.

Date	Description of Expense	Amount
<b>Total Grant Request:</b>		

<input type="checkbox"/> Approved Amount: _____	<input type="checkbox"/> Disapproved	Reviewers' Initials
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