



Confidential
EL PASO COUNTY 4-H FOUNDATION
Request for Foundation Funds



NAME: _____ CLUB: _____

ADDRESS: _____ PHONE: _____

YEARS IN 4-H as MEMBER/LEADER: _____ DATE: _____

TOTAL COST OF FUNCTION: _____ AMOUNT REQUESTED: _____

BRIEFLY EXPLAIN THE REASON FOR REQUESTING FUNDS:
(include the 4-H activity involved; funds may only be used for 4-H activity/event)

COMMENTS FROM CLUB ORGANIZATIONAL LEADER:
(if applicant is 4-H member or project leader; please attach on separate sheet).

I agree that the approved funds will be used for the purpose applied for.

Applicant's Signature _____ Date _____ Parent/Guardian Signature _____

The above request is granted in the amount of \$_____ for the completion of the function for which the funds are approved.

_____ As presented by applicant - OR - _____ As amended below

Amendments by Foundation, if any: _____

Foundation President Signature _____ Date _____

Please return application form to: El Paso County 4-H Foundation, c/o Kathy Hisey, President, 24 Circle C Road, Fountain, CO 80817, or e-mail to epc4hfoundation1@gmail.com a minimum of thirty (30) days prior to attending the event.

El Paso County 4-H Foundation reserves the right to consider applications on an individual basis in emergency situations.