

Confidential
THE EL PASO COUNTY AG YOUTH FOUNDATION
Request for Foundation Funds

NAME: _____

ADDRESS: _____ PHONE: _____

CITY/STATE/ZIP: _____ E-MAIL _____

PROGRAM/CLUB TYPE: _____ CLUB NAME: _____

YEARS IN PROGRAM as MEMBER/LEADER: _____ DATE: _____

TOTAL COST OF FUNCTION: _____ AMOUNT REQUESTED: _____

BRIEFLY EXPLAIN THE REASON FOR REQUESTING FUNDS:

(include the program activity involved; funds may only be used for Ag Youth related activity/event)

COMMENTS FROM CLUB/ORGANIZATIONAL LEADER (Optional):

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 Ag Youth Foundation, c/o Kathy Hisey, Treasurer, 24 Circle C Rd, Fountain, CO 80817, or e-mail to epcagyouth@gmail.com a minimum of thirty (30) days prior to attending the event.

El Paso County AG Youth Foundation reserves the right to consider applications on an individual basis in emergency situations.