

Hancock County 4-H Foundation Application
Individual or Club Funding

This application is to be completed by an individual 4-H member or 4-H club in Hancock County, Illinois for any activity, workshop, project support, supplies, community service or program fees. Applications will be reviewed when received on a first come basis. 4-H Youth completing the application will be notified of acceptance or denial. Application should be filed to allow ample time for processing and payment deadlines.

**Please note: Billing MUST be arranged and paid through the 4-H Office.
4-H Members or Clubs WILL NOT be reimbursed for expenses.**

Please circle one of the following:

This application is for: Individual 4-H Member OR 4-H Club

This application is for:

4-H Event/Workshop Community Service Project Supplies Other

If other, please explain: _____

Application Date: _____

Name of 4-H Member: _____

Years in 4-H: _____ 4-H Club: _____

Email: _____ Phone Number: _____

Purpose of application

(please include all information; supplies needed, event, date of event, etc.)

Total Amount Requested (cannot exceed 75% of total expense): _____

How will the remainder of your project be funded? _____

Name of supplier if applicable: _____

Please note: Purchasing from Amazon is prohibited at this time. Do not base your application request on Amazon pricing or product availability.

How did you learn of the Hancock County 4-H Foundation Funding and application process?

How will the funding relate to your individual 4-H project plan or overall club goals for the current year?

How does this funding help you grow in your project, increase leadership skills, share information or increase awareness to others? If this is a club event, how many members from your club will be involved and what will they do?

Are you seeking additional funding from other sources? If yes, please list other sources and amounts.

- I agree to submit photos of my project for publication purposes.
- I agree to provide a report to the Hancock Foundation Board about how the funding helped achieve my goals and what the outcome was of the workshop/community service/project was.

Signatures: _____

4-H Member

Parent/Guardian

4-H Club Leader

For office use

Amount Allocated:\$ _____

4-H Enrollment verification by: _____

Extension Staff

Date

Approved by: _____

Hancock County 4-H Foundation Representative

Date

Scan & email form to: khuls@illinois.edu OR drop off at the Hancock County Extension Office at 550 N Madison, Carthage, IL 62321.