

Received ___/___/___ Approved ___/___/___ Amount Approved \$ _____

Isabella County 4-H Youth Scholarship Application/Reimbursement Application

Money must be spent to support new or enhanced programming for 4-H club members.

Name of Applicant _____

Address _____

Phone _____ Email _____

Club _____ Leader _____

How will the money be used? What is the event or training? (Please be as specific as possible)

What do you hope to learn or accomplish as a result of this opportunity?

Will you be willing to attend a 4-H Council meeting and give a small presentation on the event/training that you received? _____ When? _____

*** You may register through the MSUE office, or you may register and pay online, and then apply using this form, for reimbursement from 4-H Council.