

Application for Financial Assistance for Lake County

*Completed Form is returned to the Lake County Extension Office
1000 S Egan Ave, Madison SD 57042*

The purpose of this form is for documentation for the treasurer.

Name Child #1 _____ Grade _____

Name Child #2 _____ Grade _____

Name Child #3 _____ Grade _____

Name(s) Parent(s) _____

Address _____

Telephone #: Home _____ Cell _____

Our family is asking for assistance to participate in the following 4-H activities.

What camp? _____ 4-H Camp (Poinsett) _____ Teen Leadership Camp (Brookings)

My child will present a talk and apply for the Lake County Camp and the State 4-H Leaders Scholarship.

What project area will youth participate in? What is the fee?

_____ 4-H Archery _____ 4-H Guns _____ 4-H Shotgun _____ Other

Brief explanation why help is needed:

I understand half of the fee will be provided.

Signature

Date

Thank you for completing this application. All information will be kept confidential. We will notify you at the telephone number or address above regarding distribution of the encouragement dollars. If you have questions pertaining to this application, please contact the 4-H Youth Advisor.