

**NEW CASTLE COUNTY 4-H LINKS
2017 GRANT PROGRAM APPLICATION**

Due - Wednesday, February 8, 2017

Name _____ Date _____

Address _____
(Street)

(City) (State) (Zip)

Phone _____ Club _____

Club Grant _____ Individual Grant _____ First Grant _____

Amount Requested _____ # People Impacted _____

Activity / Project Plan to be funded: _____

Purpose or Goals of activity / project: _____

Prepare a budget: _____

ADDITIONAL PAGES MAY BE USED IF NEEDED.

Signature of member _____
(President of club, if club grant is requested)

Signature of parent / guardian _____
(If individual grant is requested)

Signature of 4-H Leader _____
(For all grants)