

COVER PAGE

Trego County 4-H Development Fund Award Application

Application for youth ages 7-12

(Applications need not be typed, but please be filled out by child. Signature required.)

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE NUMBER: _____

YEAR IN SCHOOL: _____ NAME OF SCHOOL ATTENDING: _____

ACTIVITY APPLYING FOR: _____

COST OF ACTIVITY APPLYING FOR: _____

(Applications must be turned in at least 30 days prior to event; please attach copy of event application if applicable)

I have personally prepared this application and believe it to be correct.

Signature of Applicant: _____ Date: _____

Send completed application to: Golden Prairie Extension District
216 N Main Street
WaKeeney KS 67672

