

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

Due dates- September 1, November 1, February 1,
May 1

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: _____

Project 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)