

**GONZALES COUNTY 4-H ADULT LEADERS**  
**LIMITED FINANCIAL ASSISTANCE REQUEST**  
**VERIFICATION FORM**

Share your experience at a meeting (either a club or county council meeting) within 2 months of this event. (April-August experiences will be shared within the first two months of the 4-H year)  
Please note if experiences are not shared then the limited reimbursement is forfeited.

4-H Member's Name: \_\_\_\_\_

4-H Experience: \_\_\_\_\_

Date of Meeting: \_\_\_\_\_

We verify that \_\_\_\_\_ shared his/her 4-H experience.

Club Manager/Leader: \_\_\_\_\_

Witness: \_\_\_\_\_

Please be sure to turn this form in immediately following the meeting to the 4-H office.