

# 2022-2023 GONZALES COUNTY 4-H ADULT LEADERS LIMITED FINANCIAL ASSISTANCE REQUEST FORM

*(Must submit form within 60 days to be considered)*

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

Parent's Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Date of Event: \_\_\_\_\_

Event: \_\_\_\_\_

**Expenses:**

Parking Fee: \_\_\_\_\_ Mileage: \_\_\_\_\_ Other: \_\_\_\_\_

**Per member:**

- 1) Provide copies of the scheduled events.
- 2) Attach a handwritten or typed paragraph on a regular sheet of paper explaining what was learned from this 4-H event.
- 3) Submit copies of receipts.
- 4) Download and print VERIFICATION FORM (online at [gonzalesagriflife.org](http://gonzalesagriflife.org)). Complete and submit form once you have spoken at either a club or council meeting within 2 months of this event. (April-August events will be shared within the first two months of the 4-H year). Please note if verification form is not received then the limited reimbursement request is forfeited.  
Payment will be no more than 25% of State Rate mileage & \$25/night hotel or overnight stay.

We have read and understand the expectations to be eligible to receive limited financial aid.

Parent Signature: \_\_\_\_\_

Member Signature: \_\_\_\_\_

*Thank you for representing Gonzales County 4-H!*

Paperwork will be reviewed during regularly scheduled meetings of the Adult Leaders.

\*\*\*\*\*

To be filled out by office only:

Date submitted: \_\_\_\_\_