



WHATCOM COUNTY YOUTH FAIR

PROJECT Grant Application

This grant is intended to defray event expenses, not for personal spending monies.

Name:			
Address:		City:	State:
Phone #:		Email:	
Number of Years attended Youth Fair:	Name of 4-H club or FFA Chapter if any:		
Age:	Date of Birth:		
Please answer the following questions:			
What is your project equipment item you are intending to purchase? _____ _____			
What are your plans for this item? _____ _____ _____ _____			
Why do you deserve this grant? _____ _____ _____			
Total amount needed? \$ _____			
Have you ever received a grant from WCYF before? Yes or No If yes please explain:			

Phone: (360)988-1891 **Website:** www.whatcomcountyouthfair.com

"An experience that lasts a lifetime."



WHATCOM COUNTY YOUTH FAIR

Tell us about yourself _____

Name two people who have inspired you in your life and why. (Besides your parents)

★ Applications must be postmarked by APRIL 1st every year. Applications must be mailed to our PO BOX 2811, Ferndale, WA 98248

★ A WRITTEN report about your purchase must be submitted within 30 days following your purchase to WCYF Grant Committee , PO BOX 2811, Ferndale, WA 98248. Your purchase must be made within one year.

Applicants Signature

Date

Parents Signature

Date

WCYF OFFICE ONLY BELOW THIS POINT

Member vote for approval: Y N	Signature:	Printed Name:
Member vote for approval: Y N	Signature:	Printed Name:
Member vote for approval: Y N	Signature:	Printed Name:
Manager Approval Y N	Manager Signature:	Check #:
Date Received:	Date Approved:	Date of check:

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