



**ADULT VOLUNTEER GRANT APPLICATION
CALVERT COUNTY 4-H VOLUNTEER ASSOCIATION**

Date of Application: _____

APPLICANT INFORMATION:

Name: _____ 4-H Club: _____
 Address: _____ Position: _____
 _____ (Club leader, volunteer, parent, etc.)
 Phone Number: _____ E-mail: _____

Signature of Applicant: _____
This signature certifies all information provided in this application is true and accurate

EVENT INFORMATION:

Name of 4-H Event: _____ Cost of Event: _____
 Date(s) and Location of 4-H Event: _____ Amount Requested: _____
 Description of 4-H Event: _____

Describe your role in this 4-H Event: *(Leader, coach, speaker, training participant, etc. Please be specific about your activities and how your participation furthered the learning experience for Calvert County 4-Hers or supports the Calvert County 4-H program.)*

REQUEST FOR REIMBURSEMENT OF EXPENSES: *Receipts MUST be attached for all expenses for which the Volunteer is requesting reimbursement.*

Date	Description of Expense	Amount
TOTAL GRANT REQUEST:		

<input type="checkbox"/> Approved Amount: _____	<input type="checkbox"/> Disapproved	Reviewers' Initials
---	--------------------------------------	---------------------

Maryland Cooperative Extension Programs are open to all citizens without regard to race, color, gender, disability, religion, age, or national origin.

