

# 2009 4-H Summer Teen Conference

## Financial Assistance Information

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Through gifts secured by The Washington 4-H Foundation, the State 4-H Office is able to provide financial assistance which will allow youth to attend the 2009 4-H Summer Teen Conference. A limited number of partial scholarships are available for those with financial need.

Financial assistance will be allotted on an “as needed and available” basis and is not transferable. Delegates may request up to \$75 of financial aid. Financial aid selections are based on:

- Income of the family and family size
- Contribution to the diversity of the 4-H State Leadership Conference (e.g. participation in different delivery modes, those requiring special needs, etc.)
- Extenuating circumstances such as the death of a parent, parental unemployment, etc.
- Those demonstrating an active interest in developing and utilizing skills learned after the conference
- Expected transportation costs to the campus hosting the conference based on geographic distance

Upon returning from the conference, all youth receiving financial aid must complete the following:

- ❑ A written letter of thanks to the 4-H Foundation.
- ❑ Include a brief summary describing how the conference experience impacted the delegate and what actions were taken after the conference. This will be used to compile a post-conference report to the donor outlining how their gift was utilized, and will help to ensure future donations.

Incomplete applications will not be considered. Complete applications must consist of both pages of the application. Individuals and their counties will receive notification of funding by **June 8**.

**Please mark “Confidential” and fax or mail postmarked no later than June 1, 2009 to:**

Jan Klein  
4-H Teen Leadership Coordinator  
WSUE- Spokane  
SAC 520, PO Box 1495  
Spokane, WA 99210-1495

Fax- 509-358-7869

When you register, you will need to pay the full registration fee. If you receive a scholarship, you will be personally reimbursed for the amount of your scholarship award. Scholarship recipients will be determined by June 5<sup>th</sup> and notified the week of June 8th. If this is of concern to you, please call Jan Klein

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**2009 4-H Summer Teen Conference**  
**Financial Assistance Application – Page 1**  
*Due postmarked June 1, 2009*  
**--- Confidential ---**

County: \_\_\_\_\_

Name: \_\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender:      Male            Female

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

4-H Enrollment Status (check all that apply):

Enrolled                    Not enrolled                    Military 4-H

Ethnicity (check one that applies best):

White    Black/African American    Hispanic/Latino    Asian/Pacific Islander  
 American Indian/Alaskan Native    Multi-Ethnic

Place of Residence (check one that applies best):

Farm                                    Rural-Non Farm (under 10,000)            Town (10,000-50,000)  
 Suburb of City (over 50,000)            City (over 50,000)

**Amount Requested:**    \$\_\_\_\_\_ (\$75 maximum)

***Please answer the questions below on an additional piece of paper.***

1. Why are you interested in attending this conference?
2. What do you hope to accomplish after the conference with the information you will have learned?

As part of your attendance at this conference, you are required to send a thank-you letter to the Washington State 4-H Foundation after you return. By signing below you agree to this commitment and the accuracy of the information provided.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_ County: \_\_\_\_\_

Our annual family income is:

- Below \$15,000  \$15,000 to \$30,000  \$30,000 to \$40,000  \$40,000 to \$50,000  
 \$50,000 to \$60,000  \$60,000 to \$70,000  \$70,000 to \$80,000  \$80,000 and above

The number of dependents in the house \_\_\_\_\_

Please mark all that apply:

- Food Stamp Program  
 Free school lunch and/or breakfast program  
 Foster Care or Group Home  
 MESA - minority low-income math and science education  
 Family member in Head Start  
 Other: \_\_\_\_\_

**Please add any additional comments and explain any extenuating circumstances.**

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By signing, I confirm the accuracy of the information provided.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

By signing, I confirm the accuracy of the information provided.

Signature of Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_

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