

## MS 4-H Project Relief Application

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

Parent's/Guardian's Name \_\_\_\_\_

Address Prior to Katrina \_\_\_\_\_

City \_\_\_\_\_ St MS Zip \_\_\_\_\_

Current Address \_\_\_\_\_

City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Phone # home/work \_\_\_\_\_ Cell # \_\_\_\_\_

4-H Club Name \_\_\_\_\_

4-H Club Leader \_\_\_\_\_

County \_\_\_\_\_ County 4-H Agent \_\_\_\_\_

What 4-H Project is support being asked for \_\_\_\_\_

How long a 4-H member \_\_\_\_\_ How long involved in this project \_\_\_\_\_

Were/Are any other funds available to assist with recovery of your 4-H Project? \_\_\_\_\_

If funds are provided from this request will they be used in recovery of your Project? \_\_\_\_\_

Amount begin requested \$\_\_\_\_\_. The amount approved may not be the total requested.

**Attach a "Letter of Request" not to exceed one page. Provide in this letter a brief description our your 4-H activities, your 4-H Project, its status prior to Katrina, a general description of the loss incurred from Katrina, why recovery of your 4-H Project is important to you and how you would use any support provided in your efforts to recovery your Project.**

Signatures required certify that all information is correct.

4-H Member making the request: \_\_\_\_\_

Parent/Guardian of 4-H Member: \_\_\_\_\_

4-H Member's Club Leader: \_\_\_\_\_

County 4-H Agent: \_\_\_\_\_ Date: \_\_\_\_\_