

Macomb County 4-H YOUTH MEMBER Training/Workshop Scholarship Application

Please email completed applications at least 2 weeks before your event registration deadline to <u>Macomb.4h@macombgov.org</u>. Questions? Call the Macomb County 4-H Office at 586-469-6431.

Name:				
Address	5:	City:	State: <u>MI</u> Zip:	
Phone:		Email:		
Name o	of 4-H training/workshop for	which you are requesting a scho	larship:	
Event re	egistration deadline:	Cost	Cost of event (\$):	
Name o	of Organization (if not MSUE)	:		
Address	s (if not MSUE):	City:	State: <u>MI_</u> Zip:	
How wi	ll you use the information fr	om the training/workshop you a	ttend:	
Include	a short paragraph describing	g why you wish to attend this eve	ent.	
	•	e what they learn through their e you will complete this requireme	experience with the 4-H community. nt:	
			Club meeting presentation	
		Macomb County 4-H Youth Cou	incil Presentation	
4-H Youth Signature:			Date:	
4-H Pare	ent/Guardian Signature:		Date:	
OFFICE USE ONLY		Approved?Y	esNo (If no, list reason in notes section)	
	MSU Extension staff signature:		Date:	
	Notes:			

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