



# Whatcom County Youth Fair

APRIL 5-6, 2019

## Whatcom County Youth Fair Project Grant

Personal Information:		
Name:		
Address:		
City:	State:	Zip:
Phone Number:		Email:
Age:	DOB:	Gender: Male or Female
Name of School:		Name of 4-H/ FFA Chapter: (if any)
Questions:		
What do you plan to purchase?		
What are your plans and how will this project help you achieve what you plan to do?		
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Why do you deserve this grant? _____		
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**Name two people who have been inspirational in your life and why ? (other than your parents)**

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**Approval of this application is given by:**

**Signature of Applicant:**

**Signature of Parent or Guardian:**

**WCYF OFFICE ONLY BELOW THIS POINT**

Date Received: \_\_\_\_\_ Received By: \_\_\_\_\_

Application complete Yes or No

Scholarship committee comments:

Awarded Scholarship: Yes or No

Awarded Amount: \$ \_\_\_\_\_

Manager Approval Y N	Division:	Check #:
Date Received:	Date Approved:	Date of check:
Manager Signature:		