



Whatcom County Youth Fair
whatcomcountyyouthfair.org

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?		
<hr/> <hr/> <hr/> <hr/> <hr/> <hr/>		
Why do you deserve this grant? _____		
<hr/> <hr/> <hr/>		

Name two people who have been inspirational in your life and why ? (other than your parents)

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: