

DAWN CHRISTY MEMORIAL GRANT PROGRAM APPLICATION

Please complete this application in its entirety and submit **on or before May 31st** to:
Dawn Christy Memorial Grant % Somerset County 4-H,
310 Milltown Rd., Bridgewater, NJ 08807

Applicant name: _____
Business name (if applicable): _____
Address: _____
Email: _____ Phone: _____

Number of years in Somerset County (NJ) 4-H: _____
Clubs/Projects: _____

Funding requested for: _____

How will this be implemented/used? _____

What is the expected outcome? _____

Amount requested: \$_____ (Maximum \$1000 per grant. Please include price quotes, invoices, receipts and/or other documentation to support the request)

Approved: _____ Not Approved: _____ Applicant contacted by _____