Trip Financial Assistance Application



Due to the Lafayette County Extension Office

Name:	Grade:
Address:	
Phone No.:	4-H Club:

Please indicate which trip you are asking for financial assistance for. https://4h.extension.wisc.edu/opportunities/statewide-events-and-opportunities/)

 National 4-H Conference, Washington, D.C. (Grades 10-12); April 11-16, 2025; \$2,000.00
 Space Camp, Huntsville, Alabama (Grades 6-8); May 1-5, 2025; \$1,300.00
 American Spirit East, East Coast (Grades 8-10); June 20-29 or July 04-13, 2025; \$2,600.00
 Citizenship Washington Focus, Washington, D.C. (Grades 10-12); June 20-28, 2025; \$2,500.00
 Summer Academy, Madison, WI (Grades 7-10); June 16 - 19, 2025; \$600.00
 National 4-H Congress, Atlanta, Georgia (Grades 10-12); November 28- December 2, 2025; \$1,500.00
 Other, please specify (include dates, location, and cost):

Please answer the following questions.

1. What WI 4-H educational experience(s) have you previously participated in?

2. Why did you choose this trip?

3. What experience(s) do you hope to gain from this 4-H experience?

4. How do you intend to share your 4-H experiences from this travel opportunity with the youth of Lafayette County?

*Please list two or more 4-H Community Service activities that you participated in with your club from September 1, 2023, through August 30, 2024.

I was unable to participate in 4-H Community Services activities.

*Please check or list countywide fundraiser(s) that you participated in from September 1, 2023, through August 30, 2024.

2024 4-H Ice Cream Stand, Lafayette County Fair I was unable to participate in county-wide fundraisers in 2023.

Other Extenuating Circumstances, please explain:

Trip Financial Assistance Application Checklist:

- Completed Trip Financial Assistance Application
- Cover Letter
- Resume
- Signed Letter of Recommendation

**Interviews will be announced later and be located at the Lafayette County Extension Office. All required documents should be submitted to the Lafayette County Extension Office c/o Hailee Kammerud 700 Main St. Suite #2 Darlington, WI 53530

Submit Applications by 4:30 p.m.

For Extension Office Use Only -Financial Assistance Approval: ______ Scholarship Amount: _____