

**PRINCE EDWARD ISLAND 4-H TRUST APPLICATION FOR FUNDING
APPLICATION DUE ON OR BEFORE APRIL 15**

1. Identification of Applicant:

Please check one

Individual Club Regional Council _____

Provincial Committee PEI 4-H Council Other _____

Contact Person: _____

Address: _____

Telephone Number: _____

If approved, to whom should the cheque be made payable? _____

2. Identification of Project or Activity:

Please use a sheet of paper if extra space is needed and attach to the application.

A. Project Objective (clearly state the result(s) expected from this project):

B. Project Description (describe in detail the project):

C. Budget (provide a complete project budget, attach another sheet if necessary):

Projected Expenses	\$ Amount	Projected Income	\$ Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Total Projected Expenses	_____	Total Projected Income	_____

Name of Applicant	Signature of Applicant or Applicant Officer	Date
--------------------------	--	-------------

Please submit this application to:
PEI 4-H Council **FAX: (902) 368-6289**
PO Box 2000
Charlottetown, PE C1A 7N8 **EMAIL: pei4h@pei4h.ca**

FOR OFFICE USE ONLY: Prince Edward Island 4-H Council Approval

The Prince Edward Island 4-H Council has approved this Application and forward it to the PEI 4-H Trust

PEI 4-H Council President	Date
---------------------------	------