



AgPreference, ACA

2017 Lending Area Youth Grant Program

Please provide the following information: (print or type)

Check one: FFA 4-H

1. Name of Chapter or County:
2. FFA Advisor or Agent in charge of 4-H: Cell #:
3. H.S. Principal or Adult 4-H Leader: Phone #:
4. Make your check payable to:
5. Officer Team, (print or type)
 - a. Name, Title: ,
 - b. Name, Title: ,
 - c. Name, Title: ,
 - d. Name, Title: ,
6. Check box of primary area(s) of need for which you are applying:
 Leadership/Officer Training Livestock Projects Equipment Technology
 Shop Community Service Projects Life Skills
 Horticulture/Plant Science Other: _____
7. Write a paragraph explaining specifically how you anticipate using the funds, (may use back or additional paper; email required photo(s) to bonita.engele@agpreference.com):