



# 4-H Youth Development Financial Assistance Application for Travel for 4-H Groups at Clover Woods

**NOTE:** This is not an application to reserve camp facilities. Reservations may be made by contacting UCCR, at: 1-800-678-5102 or visit [www.uccr.org/cloverwoods](http://www.uccr.org/cloverwoods)

## Applications due to County Extension office by January 10 or May 1

**County Extension Office Send Applications by January 20 or May 10 to:** Iowa 4-H Foundation  
Extension 4-H Youth Building  
1259 Stange Rd  
Ames, IA 50011-1002

Name of 4-H Group: \_\_\_\_\_ County(s): \_\_\_\_\_  
Contact Person: \_\_\_\_\_  Club Leader  4-H Staff  Volunteer  Parent  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date(s) of Camp: \_\_\_\_\_ Name of Camp: \_\_\_\_\_  
Number of Youth in Group \_\_\_\_\_ Number of Volunteers/staff who will attend \_\_\_\_\_  
Grades of Members \_\_\_\_\_  
Miles from Clover Woods \_\_\_\_\_ Has your group stayed at Clover Woods before?  Yes  No

**Flat Rate Reimbursement:** \_\_\_\_\_ (# of youth) x \_\_\_\_\_ (miles) x **\$0.06** = \$ \_\_\_\_\_

**Additional Request:** Total Cost for transportation: \$ \_\_\_\_\_  
Foundation Flat Rate: \$ \_\_\_\_\_  
Amount of the cost group will be able to assume: \$ \_\_\_\_\_  
Additional amount requested from Iowa 4-H Foundation: \$ \_\_\_\_\_

Briefly describe your 4-H group's activities & financial need **APPLICATION WILL NOT BE CONSIDERED WITHOUT STATEMENT:**

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**Signature** of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**Signature** of Extension Staff Member: \_\_\_\_\_ Date: \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**For Office Use:** Amount Funded: \$ \_\_\_\_\_ Approved by: \_\_\_\_\_ Confirmation Letter Sent: \_\_\_\_\_