



Member Request Form for Financial Assistance

DATE: _____

MEMBER NAME: _____

NEED: _____

Flathead 4-H Council
c/o MSU Flathead Co. Extension
1108 South Main Street, Ste#4
Kalispell, Montana 59901

(406) 758-5553

AMOUNT OF REQUESTED ASSISTANCE:

AMOUNT OF ASSISTANCE OFFERED BY YOUR LOCAL CLUB:

Name of your Club

Sandy Evenson
President

Loni Connely
Vice President

Ginger May
Secretary

Sheila Wilson
Treasurer

Member's Signature

Date