## Skagit County Cattlemen's Beef Project Grant Application

	Pers	onal Ir	nformation				
Name:							
Address:							
City:	State:			Zip:			
Phone Number:			Email:				
Age:	DOB:			Gender, M or F			
Name of School:	Name of 4H/FI		of 4H/FFA Ch	FA Chapter:			
		Ques	tions:				
What type of beef do you plan to purchase?							
What are your plans for this beef project and how will this grant help you achieve your goals?							
Tell us about your experience with beef, if none tell us what you hope to learn.							

What daily chores will your project require?						
Where do you plan on housing your project?						
Name two people who inspired you in life and why? (other than your parents)						
Why do you deserve this grant?						
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Signature of Applicant	Date:					
	_					
Signature of Parent or Guardian	Date:					
OFFICE USE ONLY						
Date Received:	Received By:					
Application Complete? Y or N						
Scholarship Committee Comments:						
Grant Awarded? Yes or No Amount Awarded: \$						