

## **COMMUNITY FUTURES SUN COUNTRY**

203 Railway Ave Ashcroft, BC V0K 1A0 Fax to 250-453-9500 Contact @ 250-453-9165 Toll Free 1-800-567-9911 Fmail vision@cfsun ca

Liliali visi	lon@cisun.ca		
PURPOSE OF LOAN			
Livestock purchase	\$		
☐ Feed Expenses	\$		
Other (please explain)	\$		
Estimated cost of my project	\$		
PROJECT INFORMATION			
My 4-H Project is: (type of animal	)		
My previous 4-H projects were (type of animal, competition outcome, sale price)			
1)			
,			
2)			
,			
3)			
,			
4)			
,			
FOR OFFI	CE USE ONLY		
LA#			

4-H YOUTH LOAN APPLICATION			
Nar	ne Of Applicant:		
Name of Parent/Guardian:			
4-H YOUTH LOANS			
Provide support to members of the 4-H Program by loaning money for the purchase of marketable livestock – beef, swine, sheep, goats and horses or other projects approved by the 4-H Organization.			
PROGRAM HIGHLIGHTS			
Eligibility:  • Must be a member in good standing with a 4-H Club			
Limit: No Loan Maximum			
Repayment:  No payment will be required until November 1 No application fee			
Interest Rate: ■ Interest rate is prime + 2%			
SECURITY TAKEN			
•	Promissory Note signed by Applicant and Parent/Guardian		
LOAN PROCESS			
1.	Applicant and Parent/Guardian complete Application form		
2.	Club Leader to review & confirm 4-H Project		
3.	Return Application to the CF Office		
4.	Application will be reviewed and approved or declined		
5.	Applicant and Parent/Guardian will sign documentation		
6.	Authorization from Parent/Guardian to perform a credit bureau check, if necessary		
7.	Applicant will confirm purchase by submitting a copy of original bill of sale, paid invoice, or receipt		

8. 6 month follow-up, with visitation and photos

APPLICANT'S INFORMATION				
Last Name:	First Name:	Second Name:		
Home Phone:	Fax:	E – Mail:		
Present Address:				
Mailing Address:		Postal Code:		
Date of Birth: M/D/Y	S.I.N.: (if Applicable)			
If financial assistance is appr	roved, would you allow CFDC to make a public a	nnouncement regarding your project?		
PARENT/GUARDIAN'S INFORMATION				
Last Name:	First Name:	Second Name:		
Home Phone:	Fax:	E – Mail:		
Present Address:		Own Rent		
Mailing Address:		Postal Code:		
Date of Birth: M/D/Y	S.I.N.:			
Relationship to Applicant:				
Drivers License #				
· / ·	sed with these funds are sold. rmation provided in this application is correct.			
Date	Applicant's Name	Applicant's Signature		
Date	Parent/Guardian's Name	Parent/Guardian's Signature		
	CLUB MEMBER CONFIRMATIO	ON / PROJECT APPROVAL		
Club Name:	Region:			
Club Address:	Postal Code:			
Name of Club Leader:	ader: Phone:			
Club Leader's Comments:				
I,(Print Name)	,Club Leader of(Name of 4	,approve the 4-H project of		
(* ************************************	`	ind it meets with the guidelines set out by the BC 4-H Organization.		
(Name of member)		g <u>, </u>		
Date	Club Leaders Name	Club Leaders Signature		