

Futures North Cariboo 4-H YOUTH LOAN APPLICATION

Name Of Applicant:

COMMUNITY FUTURES North Cariboo

335A Vaughan Street Quesnel, BC V2J 2T1

Contact Siggi Stoldt @ 250-992-2322	Name of Parent / Guardian:
PURPOSE OF LOAN	4-H Y
Livestock purchase \$	Provide support to member
Feed Expenses \$	for the purchase of marketal
Other (please explain) \$	and horses or other projects PROGRA
Estimated or Actual cost of my project is: \$	Simple and quick applieNo Fees
Estimated of Actual cost of thy project is. \$	No reesNo interest until Oct 15
Loan amount: \$	Eligibility:
	Must be a member in gMust have paid out any
PROJECT INFORMATION	Limit:
My 4-H Project is: (type of animal)	 Loans Maximum to \$2,
	Repayment: No payment will be required.
	Interest Rate: Interest free until Octob
	SECU
	Promissory Note signe
My previous 4-H projects were (type of animal, competition outcome, sale price)	LOA
1)	Applicant and Parent /
	2. Copy of Parent / Guard
2)	3. Club Leader to review
3)	4. Return Application to the
	5. Application will be review
4)	6. Applicant and Parent /
FOR OFFICE USE ONLY	7. Applicant will confirm b
LA # 4 H	Applicant will confirm p original bill of sale, paid
	0 (

Date Received

H YOUTH LOANS

mbers of the 4-H Program by loaning money ketable livestock – beef, swine, sheep, goats ejects approved by the 4-H Organization.

GRAM HIGHLIGHTS

- application
- ct 15, 2022
- r in good standing with a 4-H Club
- It any 4 H loan prior to receiving new funds

o \$2,000

e required until October 15, 2022

October 15, 2022, thereafter 5%

ECURITY TAKEN

signed by applicant and Parent / Guardian

LOAN PROCESS

- ent / Guardian complete Application form
- Suardian Photo ID Required
- iew & confirm 4-H Project
- to the CFDC Office
- reviewed and approved or declined
- ent / Guardian will sign documentation
- irm bank account and receive funds
- irm purchase by submitting a copy of paid invoice, or receipt
- 6 month follow-up, with visitation and photos upon request

	APPLICANT'S INF	ORMATION	
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? [Yes No
	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:			
The asset(s) pur	roject; eases to be a recognized active member of the B echased with these funds are sold. emation provided in this application is correct.	C 4-H Organization; or	
The applicant ceThe asset(s) pur	eases to be a recognized active member of the B chased with these funds are sold.	C 4-H Organization; or Applicant's Signature	
 The applicant ce The asset(s) pur hereby certify that the inforr Date 	eases to be a recognized active member of the B rchased with these funds are sold. mation provided in this application is correct.		ature
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The applicant ce The asset(s) pur hereby certify that the inforr Date Club Name: Club Address: Name of Club Leader:	Parent / Guardian's Name CLUB MEMBER CONFIRMATIO Ref Club Leader of (Name of 4)	Applicant's Signature Parent / Guardian's Signature DN / PROJECT APPROVAL egion: Postal Code: Phone:	approve the 4-H project o
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