

COMMUNITY FUTURES SHUSWAP

#101, 160 Harbourfront Dr. NE Salmon Arm, BC Phone: 250-803-0156 Toll Free 1-877-803-0156

PURPOSE OF LOAN					
Livestock purchase	\$				
Feed Expenses	\$				
Other (please explain)	\$				
Estimated or Actual cost of my proj	ect is: \$				
PROJECT IN	FORMATION				
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 OFFICE USE ONLY					
Loan No.					

4-H YOUTH LOAN APPLICATION

4-H IOUIH LOAN APPLICATION						
Nar	ne Of Applicant:					
Nar	ne of Parent / Guardian:					
	4-H YOUTH LOANS					
Provide support to members of the 4-H Program by loaning mone for the purchase of marketable beef livestock approved by th Salmon Arm 4-H Organization.						
	PROGRAM HIGHLIGHTS					
:	Funding is limited No Interest					
Eligibility: Must be a member in good standing with a 4-H Club						
Lir	nit: Loans Maximum to \$2,500					
Repayment: Payment is due and payable in full on OCTOBER 1, 2022						
Ad •	ministration Fee 5%/annum calculated monthly on principal amount outstanding before and after maturity, default and judgment					
	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 and 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.	Applicant will confirm bank account and receive funds					
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 (4H MEMBER) 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 approv	ed, would you allow CFDC to make a public anno	ouncement regarding your project?	∐Yes	□No			
	PARENT / GUARDIAN'S II	NFORMATION					
Last Name:	First Name:	Second Name:					
Home Phone:	Alternate Phone:	E – Mail:					
Present Address:		Own		Rent			
Mailing Address:		Postal Code:					
Date of Birth: M/D/Y	S.I.N.:						
Relationship to Applicant:							
Ve nereby certify that the inform Date	ation provided in this application is correct. Applicant's Name	Applicant's Signature					
Date	Parent / Guardian's Name	Parent / Guardian's Sig	gnature				
	CLUB MEMBER CONFIRMATION	/PROJECT APPROVAL					
Club Name:	Regio	n:					
Name of Club Leader:		Email::					
Mailing Address:	Phone:						
Club Leader's Comments:							
I,(Print Name) (Name of member)	,Club Leader of (Name of 4-H or the proposed project and find	,		the 4-H project of -H Organization.			
Date	Club Leaders Name	Club Leaders Signature	e				

TO BE SIGNED BY THE PARENT/GUARDIAN

DISCLOSURE & RELEASE STATEMENT (please read thoroughly before signing)

Are you related t Corporation of the □YES □NO Details:	•	employee of Community Futures Development
•	losely related individual or company in ugh your business?	nvolved in ANY legal action or litigation either
Development Corcorrect. The App	rporation of the Shuswap and are to the dicant understands that additional inform	of obtaining financing from Community Futures e best of my/our knowledge and belief true and mation, if required in support of this application, ideration can be given to this application.
•	reports containing credit or personal i	Development Corporation of the Shuswap or its information as it deems necessary in order to
It is hereby agree be added to the lo		and other costs related to collecting the loan will
Date	Parent/Guardian Signature (Applicant)	Witness