



Name _____

Address _____

Phone _____

Parent or Guardian Name _____

Workshops Applying for and their cost. For example: Babysitting Camp - \$15

#1: _____ \$ _____

#2: _____ \$ _____

#3: _____ \$ _____

#4: _____ \$ _____

#5: _____ \$ _____

#6: _____ \$ _____

#7: _____ \$ _____

Tell us why you want to attend each workshop. If you only explain the why for a couple of the camps you may not receive funding for all that you have listed.

#1: _____

#2: _____

#3: _____

#4: _____

#5: _____

#6: _____

#7: _____





Please return the completed application to

Laura Button or Melissa Mracek

Sioux County Extension Office

PO Box 277

Harrison, NE 69346

It can also be emailed to mmracek2@unl.edu

If youth is applying for the workshop, you will not have to prepay for the workshop, however, if you are applying after a workshop you will have had to pay for the workshop and will get reimbursed.