AID		
4-H loan a Complete this Applicat	pplication tion and drop it off at your local ATB Financial Branch	(*) (*) (*) (*)
Select your project cat		CANAD/ 4-H Alberta
	griculture & Environment 🛛 Livestock	Small Animals
Brief summary of the App	plicant's proposed 4-H project (attach business profile or plan i	upon request of ATB Financial):
Amount of 4-H Loan for w	which this Application is made (maximum \$5,000 total 4-H loan	ıs per Applicant): \$
Tell us about you:	rself ("Applicant")	
First name	Initial(s) Last name Date of bir	th 4-H Membership number
Home address	City/town Province Postal co	ode Home phone
		() –
Tell us about you Club name		ame of leader
Club address	City/town Pro	ovince Postal code
Droiget approval		
Project approval	icant's proposed 4-H project and certify that it meets the guide	plines of 4-H (Alberta)
		M M D D Y Y
Signature of leader		Date
-		Date
Co-Applicant		
First name	Initial(s) Last name	Home phone
L Home address	City/town Province	Postal code
Application and any further in process and continuing throug of 4-H (Alberta), (ii) the Co-App General Leader, Assistant Gen bankrupt over the past seven	signatures e Applicant and Co-Applicant: (a) apply for an ATB Financial 4-H Loan; (b) re offormation supplied to Alberta Treasury Branches ("ATB Financial") is comp ghout the term of any 4-H Loan granted including, without restriction: (i) th plicant is a parent or guardian of the Applicant, (iii) the subject 4-H Project heral Leader or Project Leader (each, a "Leader"), and (iv) confirm you are n years and; (v) acknowledge that ATB Financial is relying upon the informat oan and, if your Loan Application is approved, maintaining your 4-H Loan.	olete and correct both within the Applicatio he Applicant is a member in good standing : is approved by the Applicant's 4-H Club not in active bankruptcy nor have been tion provided in this Loan Application to
		M M D D Y Y
Signature of Applicant		Date
		M M D D Y Y
Signature of Co-Applicant		Date

For ATB Financial internal use only

Approved [
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Approved 🗌	Declined 🗌	
Date	Name and title of ATB Financial representative	Signature of ATB Financial representative
MMDDYY		