

APPLICATION FORM - *CONFIDENTIAL*

4-H PROGRAM – WEST POTTAWATTAMIE COUNTY
APPLICATION FOR FINANCIAL ASSISTANCE FOR STATE DEVELOPMENT FEE (UP TO \$30).
Families are responsible for the County Fee of \$5.

Today's Date _____

4-HER'S GRADE _____

****In order to apply for financial assistance, your child(ren) must qualify for the State of Iowa free or reduced lunch program.**

****Families must attach proof of participation in the State of Iowa free/reduced school lunch program to qualify for financial assistance (approved application, letter from school, etc.) Without proper documentation your application will not be considered.**

APPLICANT INFORMATION

Parent's Name _____ Phone _____

Address _____
Street City State Zip

Family Size: Adults _____ Children _____ Amt. Requested (Up to \$30 per member): _____

Name of Person(s) of whom financial aid is being requested:

1. _____ Grade _____

2. _____ Grade _____

I certify that the above information is true and complete to the best of my knowledge.

Signed _____ Date _____

Mail form in confidence to:
Mary Kramer, ISU Extension
Careers Bldg/Campus,
3501 Harry Langdon Blvd.
Council Bluffs, IA 51503
(712)366-7070. Fax: (712)366-7024

Date reviewed _____

Staff Initial: _____