



## Dickinson County Extension Financial Assistance for Youth and 4-H Programs

---

Dickinson County Extension has funds available for youth in need of financial assistance to participate in a 4-H activity or program. The funds are intended to provide an opportunity for youth who otherwise would be financially unable to participate in events, activities, and individual or group projects at the county, area or state levels.

### How to apply

The following guidelines have been established for applying for financial assistance:

1. Youth participants in Dickinson County Extension programs are eligible.
2. Ideally, participants should bear a minimum cost of \$5 per request.
3. Dickinson County Extension funds will be allocated among as many different individuals as possible.
4. A statement explaining the financial need must be included on the reverse side of this application. No funding will be provided without this statement.
5. A completed Financial Assistance Application must include signatures from the youth, parent/guardian, and club leader or extension office staff member.
6. Submit completed application to:

*ISU-Dickinson County Extension, 1600 15<sup>th</sup> Street, Spirit Lake, IA 51360*

**IOWA STATE UNIVERSITY**  
University Extension

*Publication Revised November 2009*

The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, gender, religion, age, disability, political beliefs, sexual orientation, and marital or family status. (Not all prohibited bases apply to all programs.) Many materials can be made available in alternative formats for ADA clients. To file a complaint of discrimination, write USDA, Office of Civil Rights, Room 326-W, Whitten Building, 14th and Independence Avenue, SW, Washington, DC 20250-9410 or call 202-720-5964.



# Dickinson County Financial Assistance Application for 4-H & Youth Development Programs

## ONE APPLICATION PER YOUTH

Name: \_\_\_\_\_ County: \_\_\_\_\_

Address: \_\_\_\_\_ City / State / Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name of Parent(s) or Guardian(s): \_\_\_\_\_

This is a request for financial assistance for: \_\_\_\_\_

Date(s) of Event: \_\_\_\_\_ Total Cost: \$ \_\_\_\_\_

The amount of cost I will be able to assume: \$ \_\_\_\_\_

Amount requested from Dickinson County Extension: \$ \_\_\_\_\_

Have you previously received financial assistance from Dickinson County Extension? \_\_\_Y \_\_\_N

Briefly explain your reason for requesting financial assistance:

---

---

---

---

Signature of Youth: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Club Leader or Extension Staff: \_\_\_\_\_ Date: \_\_\_\_\_