



Financial Assistance Application for Youth

Applications for Program Development Fee assistance may be submitted at anytime and will be evaluated on a rolling basis. Applications for camp or event assistance will be evaluated beginning May 1 and on a rolling basis through June 15.

1. Participant Information

Name: _____ County: _____

Home mailing/street address: _____

City/State/Zip: _____

Name of Parent(s)/Guardian(s): _____

Email: _____

Grade: _____ Current 4-H Member: Yes No If yes, years in 4-H: _____

2. I am applying for:

*Requests for assistance for multiple opportunities can be made at the same time **or** by submitting separate forms*

4-H Program Development Fee (*not to exceed \$30 per youth*)

I am a first year 4-H'er

4-H Camp Scholarship (*Camp must be at Clover Woods Camp & Retreat Center*)

Camp I would like to attend: _____

Date: _____

Iowa 4-H Event or Activity

Event I would like to attend: _____

Date: _____

Type of event/activity (check one): County Multi-county/Regional State

Total Cost \$ _____

Amount I am able to pay \$ _____

Other support \$ _____

Amount requested from Iowa 4-H Foundation \$ _____

Have you previously received financial assistance from the Iowa 4-H Foundation? Yes No

If yes, when and for what purpose: _____

For Office Use: Amount Funded: \$ _____ Approved by: _____ Confirmation Letter Sent: _____

3. Interest Statement: To be completed by youth or dictated to parent/guardian, Extension staff, or volunteer leader. Please share a statement of interest below and tell us why you want to participate in this event or activity. **Application will NOT be considered without this statement.**

4. Financial need: To be completed by parent/guardian, Extension staff, or volunteer leader. Please share a statement of financial need. **Application will NOT be considered without this statement.**

Required Signatures:

Signature of Applicant: _____ **Date:** _____

Signature of Parent/Guardian: _____ **Date:** _____

Signature of County Extension Staff Member: _____ **Date:** _____

County Staff: Send form to: Iowa 4-H Foundation, Ext. 4-H Youth Building, Ames IA 50011
Or email: iowa4h@iastate.edu.

For Office Use: Amount Funded: \$ _____ Approved by: _____ Confirmation Letter Sent: _____