



Iowa 4-H Youth Development Member Fee Assistance Application for Youth

ONE FAMILY (or Group Home) PER APPLICATION

Counties Send To: Iowa 4-H Foundation, Extension 4-H Youth
Building—ISU, Ames IA 50011-3630

For Office Use Only:
Amt. Funded \$ _____
Confirmation letter sent on _____

County _____

Name(s) _____

Age(s) _____

Address _____

City/State/Zipcode+4 _____

Name of Parent(s) or Guardian(s) _____

Phone _____ Email _____

Amount requested (not to exceed \$20 per youth) \$ _____

Have you previously received financial assistance from the Iowa 4-H Foundation?

Yes ___ No ___ If yes, when? _____

For what purpose? _____

NOTE TO PARENT, EXTENSION STAFF MEMBER, OR VOLUNTEER LEADER: Please provide information and statement regarding the financial need of this individual to assist the selection committee in making allocations.

Please check all that apply:

ADC _____	NEW 4-H member _____	single parent _____
loss of job(s) _____	food stamps _____	free or reduced school lunches _____
other _____	health condition(s) _____	bankruptcy _____

Other means of income for the 4-H'er, other information of which we should be aware:

STATEMENT (APPLICATION WILL NOT BE CONSIDERED WITHOUT STATEMENT):

Signature of Parent/Guardian _____ Date _____
Email _____

Signature of County Extension Staff Member—**Required** _____ Date _____
Email _____

IOWA STATE UNIVERSITY
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