



Iowa 4-H Youth Development 4-H Program 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

<p>For Office Use Only: Amt. Funded \$ _____ Confirmation Email sent on _____</p>

County _____

Name(s): _____

Age(s): _____

Address: _____

City/State/Zipcode+4: _____

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

Phone: _____ Email: _____

Amount requested (**not to exceed \$30 per youth**): \$ _____

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

Yes ___ No ___ If yes, when? _____

For what purpose? (Program fee, Camp, Conference, etc.)

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 information of which we should be aware:

STATEMENT OF NEED (APPLICATION WILL NOT BE CONSIDERED WITHOUT THIS STATEMENT):

Signature of Parent/Guardian _____ Date _____
 Email _____

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

IOWA STATE UNIVERSITY
 University Extension