

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:  
Jennifer Vincent, 4-H CYC  
ISU Extension & Outreach  
1705 McPherson Ave, Suite 200  
Council Bluffs, IA 51503  
712.366.7070. Fax: 712.366.7024

Date reviewed \_\_\_\_\_

Staff Initial: \_\_\_\_\_