



## Request for 4-H Program Fee Waiver/Reduction

1/2012

Provisions will be made by the 4-H club/unit or county council (VMO) to cover program fees for eligible youth who are unable to pay them. The parent/guardian of an eligible youth for which a program fee waiver or reduction is requested must complete and sign this form.

A. Name of Youth (Print): \_\_\_\_\_

(First)

(Last)

B. Club/Unit Name: \_\_\_\_\_

C. Program Year: 20\_\_\_\_ - 20\_\_\_\_

D.  I am requesting a waiver of the program fee in full.

I am requesting a reduction of the program fee to the amount of \$\_\_\_\_\_.

E. To determine eligibility for a waiver or reduction of the program fee, please indicate if:

Monthly household cash income is at or below 185% of the Federal Poverty guidelines. If your child is eligible for/enrolled in free or reduced price school breakfast or lunch you meet this criteria.

(Reference: <http://www.fns.usda.gov/cnd/governance/notices/iegs/iegs.htm>)

UC reserves the right to verify the above information by further reviewing the household financial status with the parent/guardian.

\_\_\_\_\_  
Name of Parent/Guardian of Youth (Print)

\_\_\_\_\_  
Signature of Parent/Guardian of Youth

\_\_\_\_\_  
Date

**RETURN TO:**

UCCE-Kern  
1031 South Mount Vernon Avenue  
Bakersfield, CA 93307

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