UNIVERSITY OF CALIFORNIA

4-H Youth Development Program

CITIZENSHIP
LEADERSHIP
LIFE SKILLS

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.

---or---

☐ 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:

San Benito County 4-H Program
3220 Southside Rd
Hollister, CA 95023

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