



Request for 4-H Program Fee Waiver/Reduction

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

Name of Youth (Print): _____
(First) (Last)

Unit/Club Name: _____

Program Year: 20____ - 20____

Income Based Request:

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 \$ _____.

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, or if your family qualifies for the CalFresh food program. (Reference: <https://www.fns.usda.gov/cn/income-eligibility-guidelines>)

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

Non Income Based Request:

I am requesting a reduction of the program fee to the amount of \$100.00 (Check to Club)

I am requesting a reduction of the program fee to the amount of \$104.00 (Credit Card) – Payment link will be emailed to your 4-H Online family email.

Name of the Parent/Guardian of Youth (Print)

Signature of Parent/Guardian of Youth

Date

Return To: UCCE Contra Costa, 4-H YDP, 2380 Bisso Lane, Suite B, Concord, CA 94520

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