

Request for UCCE Day Camp Fee Waiver/Reduction

Provisions will be made by the UCCE Sutter-Yuba Office to cover camp 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.

Name of Youth (Print):	
(First)	(Last)
(If applicable) Unit//Club Name:	
Program Year: 20 20	
I am requesting a waiver of the program fee in fe	ıll.
- OR -	
I am requesting a reduction of the program fee t	o the amount of \$
To determine eligibility for a waiver or reduction of the p	rogram fee, please indicate if:
	85% of the Federal Poverty guidelines, or if your Reference: https://www.fns.usda.gov/cn/income-
Beginning with the 2021-2022 school year, all chi meals. As this law went into effect after our enrol free or reduced lunch is no longer a de	Iment forms were approved, eligibility for
UC reserves the right to verify the above information by with the parent/guardian.	further reviewing the household financial status
Name of the Parent/Guardian of Youth (Print)	
Signature of Parent/Guardian of Youth	Date
Return To: (insert address below) Email sutteryuba@ucanr.edu or Drop Off at 142A Ga	arden Hwy, Yuba City CA 95991

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1 | Page 8.12.2021