



**OSU Extension Service-Lane County 4-H
2009-10**

Financial Assistance Application

(All information reported is confidential)

4-H Member's Name (First & Last): _____

Club Name: _____

Phone Number: _____ Cell: _____

Address: _____

City: _____ State: _____ Zip: _____

Parent or Guardian Name (First & Last): _____

Does the 4-H member qualify for the federal government free or reduced lunch plan?

(Check one) Yes _____ No _____

By signing this document, I certify that the above information is true.

Signature of Parent/Guardian or Leader

Date



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