

Request for 4-H Program Fee Waiver / Reduction

This form must be signed by the parent/guardian of the youth for which fee waiver or reduction is requested.
Please return form to Curry County 4-H Office. All information will be kept confidential.

Program Year: 20 ____ - 20 ____
CURRY COUNTY

Name of Youth: _____ Club: _____
First Last

Parent/Guardian Name: _____ Phone: _____

Email: _____ Date: _____

Will this be the child's first year participating in this event or 4-H Club? YES: _____ NO: _____

Have you received financial assistance from Curry County 4-H in the past? YES: _____ NO: _____

If yes, when and for what purpose? _____

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

I am requesting a reduction in 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. 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>)

(Other) If you do not meet the above guidelines, you may qualify for other need-based assistance.

Please share other information for the selection committee to consider: _____

Signature of Parent or Guardian (REQUIRED): _____ Date: _____

Financial assistance is given at the discretion of the OSU Extension Service and/or Curry County 4-H Association Board of Directors, and is subject to availability. All scholarships are on a first come, first served basis.

Recipients who fail to participate in event/club activities may be ineligible for future scholarship assistance.

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OFFICE USE ONLY:

Date Received: _____ Date Approved: _____

Amount Awarded: \$ _____

NOTES: _____

29390 Ellensburg Avenue
Gold Beach, OR 97444
(541) 247-6672

