CITIZENSHIP LEADERSHIP LIFE SKILLS LIFE SKILLS 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.	rogram Year: 20 20	
D.	am requesting a waiver of the program fee in full.	
	or	
	\square I am requesting a reduction of the program fee to the	ne 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 1850 guidelines. If your child is eligible for/enrolled in fre breakfast or lunch you meet this criteria. (Reference: http://www.fns.usda.gov/cnd/governance	e or reduced price school
	eserves the right to verify the above information by furthe cial status with the parent/guardian.	er reviewing the household
Nam	e of Parent/Guardian of Youth (Print)	
Signa	ature of Parent/Guardian of Youth	Date
	DETUDN TO:	

RETURN TO:

Santa Cruz County 4-H Program 1432 Freedom Blvd. Watsonville, CA 95076

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