Request for 4-H Program Fee Waiver/Reduction *09/2018*

NDSU EXTENSION

Provisions will be made to cover program fees for eligible youth who are unable to pay them. Families should work with their county office of the NDSU Extension Service in determining ability to pay. Some North Dakota counties may have county or 4-H council funds allotted to help offset the cost of 4-H Program Fees for qualifying families. Providing supporting documentation may be part of the waiver request process. The parent/guardian of an eligible youth for which a program fee waiver or reduction is requested must complete and sign this form. Your application is strictly confidential and will only be used to determine waiver eligibility.

A. 4-H Member Name (Print): _____
$20/youth, $60/family maximum *(First)* *(Last)*

B. Unit/Club Name: _____

C. Program Year: 2018 - 2019

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

☐ I am requesting a reduction of the program fee to the amount of $_____.

E. The reason I am requesting this waiver is (may require supporting documentation):

☐ My family qualifies for financial support (EBT, free/reduced lunches, etc.)

☐ Financial hardship (loss of job, medical bills, health issues, etc.)

☐ Other: _____

ND 4-H Youth Development reserves the right to verify this request by seeking information for further review about household financial status with the parent/guardian.

_____
Name of Parent/Guardian of Youth (Print)

_____ _____
Signature of Parent/Guardian of Youth Date

RETURN TO:

[*Address label here*]

NDSU does not discriminate in its programs and activities on the basis of age, color, gender expression/identity, genetic information, marital status, national origin, participation in lawful off-campus activity, physical or mental disability, pregnancy, public assistance status, race, religion, sex, sexual orientation, spousal relationship to current employee, or veteran status, as applicable. Direct inquiries to Vice Provost for Title IX/ADA Coordinator, Old Main 201, NDSU Main Campus, 701-231-7708, ndsu.eoaa@ndsu.edu.

OFFICE USE ONLY

☐ The county has reviewed this application, determined the family's eligibility, and exhausted all local resources to aid in the payment of this fee, including but not limited to scholarships and council or county funds allotted for this purpose.

_____ _____
County Signature Date