



# Financial Assistance Application for Youth

**Applications for assistance may be submitted at any time and will be evaluated on a rolling basis. Applicants should return their form to their county extension office for submission to the Foundation.**

## 1. Participant Information

Name: \_\_\_\_\_ County: \_\_\_\_\_

Home mailing/street address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Name of Parent(s)/Guardian(s): \_\_\_\_\_

Parent Email: \_\_\_\_\_

Grade: \_\_\_\_\_ Current 4-H Member:  Yes  No If yes, years in 4-H: \_\_\_\_\_

## 2. I am applying for:

*Requests for assistance for multiple opportunities can be made at the same time **or** by submitting separate forms*

4-H Membership Fee (*not to exceed \$40 per youth*)

I am a first year 4-H'er

Iowa 4-H Camp, Event or Activity

Event I would like to attend: \_\_\_\_\_

Date(s): \_\_\_\_\_ Type of event/activity (check one):  County  Multi-county/Regional  State

Total Cost \$ \_\_\_\_\_

Amount I am able to pay \$ \_\_\_\_\_

Other support \$ \_\_\_\_\_

**Amount requested from Iowa 4-H Foundation \$ \_\_\_\_\_**

Have you previously received financial assistance from the Iowa 4-H Foundation?  Yes  No

If yes, when and for what purpose: \_\_\_\_\_

**\*\* Please complete interest statement and statement of financial need on second page**

### Required Signatures:

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of County Extension Staff Member: \_\_\_\_\_ Date: \_\_\_\_\_

County Staff: Send form to: Iowa 4-H Foundation, Ext. 4-H Youth Building, Ames IA 50011  
Or email: [iowa4h@iastate.edu](mailto:iowa4h@iastate.edu).

**For Office Use:** Amount Funded: \$ \_\_\_\_\_ Approved by: \_\_\_\_\_ Confirmation Letter Sent: \_\_\_\_\_

**3. Interest Statement: To be completed by youth or dictated to parent/guardian, Extension staff, or volunteer leader.** Please share a statement of interest below and tell us why you want to participate in this event or activity. **Application will NOT be considered without this statement.**

**4. Financial need: To be completed by parent/guardian, Extension staff, or volunteer leader.** Please share a statement of financial need. **Application will NOT be considered without this statement.**