

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.

Requests for assistance for multiple opportunities can be made at the same time or by submitting separate forms I am a first year 4-H'er I am a first year 4-H'er I owa 4-H Camp, Event or Activity Event I would like to attend: Date(s): Type of event/activity (check one): County Mount I am able to pay Other support Amount requested from lowa 4-H Foundation 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:	1. Participant Information
City/State/Zip:	Name: County:
Name of Parent(s)/Guardian(s):	Home mailing/street address:
Parent Email:	City/State/Zip:
Grade: Current 4-H Member: Yes No If yes, years in 4-H: 2. Iam applying for: Requests for assistance for multiple opportunities can be made at the same time or by submitting separate forms	Name of Parent(s)/Guardian(s):
2. I am applying for: Requests for assistance for multiple opportunities can be made at the same time or by submitting separate forms	Parent Email:
Requests for assistance for multiple opportunities can be made at the same time or by submitting separate forms I 4-H Membership Fee (not to exceed \$40 per youth) I am a first year 4-H'er I owa 4-H Camp, Event or Activity Event I would like to attend: Date(s): Type of event/activity (check one): County S Amount I am able to pay Other support Have you previously received financial assistance from the Iowa 4-H Foundation? If yes, when and for what purpose: ** Please complete interest statement and statement of financial need on second page Required Signatures: Signature of Parent/Guardian: Signature of County Extension Staff Member: Date: County Staff: Send form to: Iowa 4-H Foundation, Ext. 4-H Youth Building, Ames IA 50011	Grade: Current 4-H Member:
□ I am a first year 4-H'er □ I owa 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 County Extension Staff Member: Date: County Staff: Send form to: Iowa 4-H Foundation, Ext. 4-H Youth Building, Ames IA 50011	2. I am applying for: Requests for assistance for multiple opportunities can be made at the same time <u>or</u> by submitting separate forms
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	Signature of County Extension Staff Member: Date:

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.