



# 4-H Fee Assistance Application 2018-2019

Please fill out one copy of this application  
per member NOT per family.

Youth Name \_\_\_\_\_

County \_\_\_\_\_

Parent Name \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_

Club(s) \_\_\_\_\_

\_\_\_\_\_

Project(s) \_\_\_\_\_

How much assistance are you requesting?

100%

\*80%

50%

Other \_\_\_\_\_

\_\_\_\_\_  
*Youth Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Parent Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Staff Signature*

\_\_\_\_\_  
*Date*