



Solano County 4-H

Request for 4-H County Program Fee Scholarship - 7/2017

Provisions will be made by the Solano County Leaders Council to cover County Program Fees for eligible youth who are unable to pay them. The parent/guardian of an eligible youth for which a County Program Fee Scholarship is requested, must complete and sign this form.

A. Name of Youth (Print): _____
(First) (Last)

B. Club/Unit Name: _____

C. Program Year: **2017 - 2018**

D. I am requesting a County Program Fee Scholarship in full (**Youth \$22**).

---Or---

I am requesting a County Program Fee Scholarship partial in the amount of \$_____.

E. To determine eligibility for a County Program Fee Scholarship, please indicate if:

Monthly household cash income is at or below 185% of the Federal Poverty guidelines. If your child is eligible for/enrolled in free or reduced price school breakfast or lunch you meet this criteria. (Reference: <http://www.fns.usda.gov/cnd/governance/notices/iegs/iegs.htm>)

UC reserves the right to verify the above information by further reviewing the household financial status with the parent/guardian.

Name of Parent/Guardian of Youth (Print)

Signature of Parent/Guardian of Youth

Date

RETURN TO:
4-H Club Community Leader

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