



Provisions will be made by the 4-H unit (e.g., club) or volunteer management organization (e.g., council) to cover program fees for eligible youth who are unable to pay them. The parent/guardian of an eligible youth for which a program fee waiver or reduction is requested must complete and sign this form.

- A. Name of Youth (Print): _____
(First) (Last)
- B. Unit/Club Name: _____
- C. Program Year: 20__ - 20__
- D. I am requesting a waiver of the program fee in full. ---or---
 I am requesting a reduction of the program fee to the amount of \$_____.
- E. To determine eligibility for a waiver or reduction of the program fee, 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:
UCCE Plumas-Sierra
208 Fairgrounds Rd.
Quincy, CA 95971**

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