



Financial Assistance Request – Cass County 4-H



Again in 2020 4-H club members will be charged an enrollment fee of \$15.00. We are asking those who can afford all or any portion of the fee to assume this so that we can continue a high quality program. No child will be denied access to 4-H programs based on inability to pay. Requests for financial assistance remain confidential.

If you wish to apply for financial assistance, please complete this form, include supporting documents (see paragraph 4 of attached guidelines for Financial Request) and return to:

**Cass County Extension Office
200 Court Park, Rm 302
Logansport, IN 46947**

Name of Member(s):

_____ **Age:** _____ **Years in 4-H:** _____

_____ **Age:** _____ **Years in 4-H:** _____

_____ **Age:** _____ **Years in 4-H:** _____

Address: _____ **Phone:** _____

City/State: _____ **Zip Code:** _____

Circumstances which would make it difficult for this person to participate in 4-H without financial assistance: _____

Number of children wishing to enroll: _____ x \$15.00 = \$ _____
(maximum \$45 per family of 3 or more)

Amount of cost that the family can assume: \$ _____
(minimum 1/2 of State Program Fee)

Total Amount of financial assistance requested: \$ _____

Youth Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____

OFFICE USE ONLY **Date:** ____/____/____

Documentation of need reviewed. **Document:** _____

Approved _____ **Amount Approved:** \$ _____

Denied _____ **4-H Educator Signature:** _____