



Request for Santa Barbara County 4-H Program Fee Waiver/Reduction

12/4/17

Four Leaf Clover Foundation P.O. Box 451 Los Alamos, CA 93440-0451

Provisions will be made by your 4-H club or the Four Leaf Clover Foundation (FLCF) to cover program fees for eligible youth who are unable to pay them. The parent/guardian of the 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. Club Name:

C. Program Year: 20__ - 20__

D. I am requesting a reduction of the program fee to \$ ____, I am able to pay \$ ____ of the fee

----or----

I am requesting a waiver of support to cover the entire program fee of \$46

E. Please share your family's extenuating or challenging circumstances (Note- All information is confidential)

F. Required Parent/Guardian Information:

Name of Parent/Guardian of Youth (Print)

Signature of Parent/Guardian of Youth

Date

Please return this form to your 4-H Club Community Leader

**Note to Community Leader- if your club can not support the fee reduction or waiver for this youth please forward this form on to the FLCF address listed above.

*Forms may be downloaded at www.4lcf.org

4-H Club or Four Leaf Clover Foundation use only:

Table with 4 columns: Date Reviewed, Amount Awarded, Initials, and an empty cell.

*The Four Leaf Clover Foundation has the right to decline support. **The University of California Division of Agriculture & Natural Resources (ANR) prohibits discrimination or harassment of any person in any of its programs or activities (Complete nondiscrimination policy statement can be found at http://ucanr.org/sites/anrstaff/files/107734.doc). Inquiries regarding ANR's equal employment opportunity policies may be directed to John Sims, Affirmative Action Contact, University of California, Davis, Agriculture and Natural Resources, 2801 Second St, Davis, CA 95618, (530) 750-1397.