

4-H Program Fee Scholarship Application

(Only one form is necessary per 4-H family)

Due to the Woodford County Extension Office by March 1.

Name of 4-H Member(s) _____

4-H Club _____

Name of Parent/Guardian _____

Partial and full scholarships are available to cover the 4-H Program Fee. If you feel that your family can make some contribution to the fee, please indicate the amount.

We are able to provide \$_____ of the \$20/member 4-H Program Fee.
(Cash or check made payable to U of I Extension).

Please show proof of one of the following:

** Extension staff will look at the letter/card. A copy will NOT be kept on file.*

_____ Letter showing proof of free or reduced school lunches

_____ Link Card (Food Stamp eligibility)

_____ WIC (Women, Infants, and Children) eligibility

_____ State of IL Medical Card

_____ Letter from 4-H member or parent/guardian explaining need

Signature of 4-H member's Parent/Guardian

Date

Signature of Extension Staff

Date