



## Financial Assistance Request – Cass County 4-H



Again in 2021 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:** \_\_\_\_\_

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**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 ½ 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:** \_\_\_\_\_