

Clackamas County 4-H Association – Financial Assistance Application

All information is kept confidential

Participant's Name(s) _____

Parent/Guardian Name(s) _____

Address _____ County _____

Phone _____ Home Cell Email _____

Event/Activity you are requesting financial assistance is _____

Date of activity: _____ Total Cost: \$ _____

The amount of the cost I am able to pay: - \$ _____

Amount requested from Clackamas County 4-H = \$ _____

1. Have you previously received financial assistance from Clackamas County 4-H? Yes No
If yes, tell us when and for what purpose? _____

2. Are you currently in a 4-H club? (Clackamas County 4-H members will be given priority)
 No Yes – please list club/projects: _____

3. Do you have a Clackamas County 4-H Program Dollar Award coming to you? Yes No Not sure
(Program Dollar Awards are earned through participation in the Record Book Contest and the Presentation Contest during the 4-H year.)

4. **Financial need: To be completed by parent/guardian, Extension staff, or volunteer leader.** Please provide information and statement regarding the financial need of this individual to assist the selection committee in making allocations. Please check all that apply:

- | | | |
|------------------------------------------------------|-----------------------------------------------------------|-----------------------------------------------------------|
| <input type="checkbox"/> 1 st year member | <input type="checkbox"/> Loss of job(s) | <input type="checkbox"/> Receives SNAP (food stamps) |
| <input type="checkbox"/> Single parent | <input type="checkbox"/> Health conditions | <input type="checkbox"/> Receives other public assistance |
| <input type="checkbox"/> This is a foster child | <input type="checkbox"/> Qualifies for free/reduced lunch | <input type="checkbox"/> Other _____ |

5. Is your gross annual household income less than \$35,000 per year? Yes No

6. How many children (under 18) are in your household? _____

7. Why do you want to participate in this activity? (50 words or less): _____

I understand that financial assistance is given at the discretion of the OSU Extension Service and/or Clackamas County 4-H Association Board of Directors, and are subject to availability. All scholarships are on a first come, first served basis. (No applications will be accepted without proper signature.)

Signature of Parent or Guardian

Date

**Return this form to: OSU Extension Service, 200 Warner Milne Rd, Oregon City, OR 97045
Fax 503-655-8636**

Questions? Contact us at: 503-655-8635 <http://extension.oregonstate.edu/clackamas>

Office Use Only:

Date Received: _____ Date Approved _____ Approved by _____

Amount Awarded \$ _____ Source: Waiver CC4HA Other _____