



FEE WAIVER APPLICATION

(Membership/Program/Workshop)

Requestor's Information:

Name: _____

Relationship if participant is a youth: _____

Address: _____

Email: _____

City: _____

Phone: _____

State / Zip Code: _____

County: _____

Program Participant(s):

Participant A: _____

Program: _____

Participant B: _____

Program: _____

Participant C: _____

Program: _____

Participant D: _____

Program: _____

Reduction Request:

Partial and/or full waiver(s) are available to cover the Program Fee(s) or Event Registration(s) if the fee(s) will cause a financial hardship. The amount of the reduction will be determined by your County office. All waivers are limited to available funds. *Only the enrollment fee(s) will be waived. Members will be responsible for project materials, publication fees and any other fees that might be incurred, unless otherwise advised by Program Educator.

If you feel that you can make some contribution to the fee, please indicate the amount.

We are able to provide \$ _____ of the \$ _____ Program Fee(s).

(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 (if youth)

_____ Link Card (Food Stamp eligibility)

_____ WIC (Women, Infants, and Children) eligibility

_____ State of IL Medical Card

_____ Unemployment benefits

_____ Letter from participant explaining need (may use back of form if needed)

Total cost for registration(s): \$ _____

Amount requested: \$ _____

Brief explanation of need for waiver:

4-H Member Information: (if applicable)

Number of years participated in 4-H: _____ Club(s): _____

Have you attended this before? _____ Yes _____ No If so, how many times? _____

In the member's own hand writing, please explain why you want to attend this event, what you hope to learn and how you will share what you have learned with others:

Acknowledgement & Signatures:

This waiver agreement will be kept on file in the University of Illinois Extension County Office. All applications are confidential and reviewed by Extension Staff. This information will NOT be released to any other entity, agency or organization.

Notification by Extension Staff of acceptance/non-acceptance will be given to each applicant.

There may be restrictions on the number of programs you are eligible for each fiscal year. Please check with your County Extension Office to see if that applies to you so that you can determine your participation accordingly.

Signature of Requestor: _____ Date: _____

Signature of Extension Staff: _____ Date: _____

FOR OFFICE USE ONLY:

Notes: _____

\$ _____ Approved Amount Granted Date Approved: _____

County Director's Signature: _____