



RETURN TO:

U of I Extension, Fulton County
15411 N IL 100 Hwy
Lewistown IL 61542
Or fax to 309-547-3713

4-H Program Fee Waiver Form

*Submit this form if you are unable to pay the 4-H Program Fee
one form per 4-H family per year*

- Please submit to the Extension Office, noted above, after completing your enrollment forms through 4-H Online or by hard copy.

4-H member(s) Name:

4-H Club Name:

Parent/Guardian Name:

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 University of Illinois)

Signature of Parent/Guardian

Date

Signature of Extension County Director

Date

COLLEGE OF AGRICULTURAL, CONSUMER & ENVIRONMENTAL SCIENCES

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