Larimer County 4-H Reduced Enrollment Fee Application

4-H members belonging to families with an annual income which is at or below the following guidelines are eligible for reduced 4-H enrollment fees. These income guidelines are based on the 2022 - 2023 Federal Free School Lunch Program.

Please select one:

Household	Yearly Income
Size	
1	\$17,667
2	\$23,803
3	\$29,939
4	\$36,075
5	\$42,211
6	\$48,347
7	\$54,483
8	\$60,619
Each	
Additional	
person:	\$6,136

Before requesting a reduced 4-H enrollment fee, please:

- 1) Ensure that your annual income lies within the above-mentioned range
- 2) Ask your 4-H club for an enrollment scholarship
- 3) Ask Grandma & Grandpa or other family member to sponsor your 4-H year
- 4) Consider that a payment plan (over a 3 month period) is possible
- 5) Consider the cost of projects, activities, contests, and other costs associated with completing your 4-H year. Will you be able to afford those expenses should you receive a reduced enrollment?

Family Last Name:	Number of children joining 4-H:
Of the \$50/child enrollment fee,	what amount are you able to pay/child?
	H enrollment fee, how will your family find ways to give back to expectations for helping your club, participate in Carnival y Service?

Child's Name: List project enrolled in: What do you think this project is going to cost? (if livestock/horse project, must outline budget for animal purchase, feed expenses, non-feed expenses, and fair entry fees) Do you plan to enroll in a market livestock project? If so, are you willing to pay back the amount of your reduced enrollment once you sell your animal? _____ Please list any county 4-H activities you plan to participate in and the estimated expenses: I hereby certify that my family's income is at or below the level listed above for the number of people in my family and I have evaluated other possibilities for covering my child's enrollment fees. I understand that reduced enrollment fees are subject to approval and completion of this application does not guarantee that reduced enrollment will be granted. Parents Signature_______Date _____

You must complete this page for each child you are requesting a reduced enrollment for.

Please send completed form to: heeneyps@co.larimer.co.us