Provisions eligible yo	Re Santa Barbara County 4- s will be made by your 4-H clu uth who are unable to pay th reduction is requested must o	ub or the Four Leaf Clov em. The parent/guardia	er Foundation (FLCF) to n of the eligible youth for	cover program fees for
A.	Name of Youth (Print):			
В.	Club Name:	(First)	(Last)	
C. D.	Program Year: 20 20 □ I am requesting a reduced	ction of the program fee or		pay \$ of the fee
E	I am requesting a waiver of Please share your family's e <u>confidential</u>)			information is
	Parent/Guardian Information me of Parent/Guardian of Youth (Print)	:		F.
Signature of Parent/Guardian of Youth Date Please return this form to your 4-H Club Community Leader **Note to Community Leader- if your club can not support the fee reduction or waiver for this youth please forward this form on to the FLCF address listed above. *Forms may be downloaded at www.4lcf.org				
	our Leaf Clover Foundation use only: ate Reviewed:	Amount Awarded:	Initials:	

*The Four Leaf Clover Foundation has the right to decline support. **The University of California Division of Agriculture & Natural Resources (ANR) prohibits discrimination or harassment of any person in any of its programs or activities (Complete nondiscrimination policy statement can be found at http://ucant.org/sites/anrstaft/files/107734.doc). Inquiries regarding ANR's equal employment opportunity policies may be directed to John Sims, Affirmative Action Contact, University of California, Davis, Agriculture and Natural Resources, 2801 Second St, Davis, CA 95618, (530) 750-1397.