

FEE WAIVER APPLICATION

Fee Wavier requested from: Klamath County 4-H Leaders Association



This application is for members needing financial assistance.

Name of event requesting funds for: **\$15 Enrollment Fees**

Name of Member: _____

Name of Parent/Guardian: _____

Mailing Address: _____

City/State/Zip Code: _____

Home Phone: _____

Amount Requested (up to half of the registration fee): **\$15**

4-H member please answer the following questions:

- 1. Why would you like to enroll in 4-H and explain your project or projects?

2. What do you expect to gain or learn from being in 4-H?

3. How will this scholarship help you? _____

***Don't forget to write a Thank You card to the Leader's Association.**

Member Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Please attach to registration form and both return to:
Klamath Basin Research & Extension Center
6923 Washburn Way, Klamath Falls, OR 97603



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