



THE UNIVERSITY OF ARIZONA

Cooperative Extension



MARICOPA COUNTY

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Maricopa County 4-H Program Fee Stipend Application Information for 4-H Families

The Maricopa County 4-H Program is pleased to offer a limited number of partial fee stipends to assist those 4-H members for whom the 4-H Program Fee cost will cause a hardship. 4-H members who apply for this stipend may be awarded in the amount of \$12.50 to assist them in paying their 4-H Program Fee. To ensure your stipend request is considered for funding, please complete all information requested on this application.

- Be sure the application is signed by the 4-H member's parent or legal guardian and the Organizational Leader. If the Organizational Leader is the parent, then ask a different Leader sign the form. Applications without these signatures will not be considered for funding. The 4-H Club Organizational Leader must sign the application stating their knowledge of this 4-H member's need of a stipend.
- Give the completed application and your payment of \$12.50 to your 4-H Club Organizational Leader. Once the Program Fee is paid, the 4-H Office is unable to reimburse for full payment, therefore, you must submit the stipend application and partial payment up front.
- The Maricopa County Extension Office has a limited number of stipends, once the stipends are gone, they are gone for the entire 4-H year.
- The 4-H Club Organizational Leader will turn in the stipend application to the Maricopa County Extension Office with the Club Confirmation of Members/Leaders Form.

**Maricopa County 4-H Program Fee
Stipend Application**

4-H Member's Name: _____

Yrs. in 4-H: _____ 4-H Club: _____

Phone: _____

Statement of Hardship

As the parent/legal guardian of _____, I understand that the Maricopa County 4-H Program Fee Stipend is for the benefit of those whom the 4-H Program Fee would cause a hardship. I am signing below to state that my child is in need of the \$12.50 Program Fee Stipend.

Signature of parent/legal guardian

Please return the application to your 4-H Club Organizational Leader for submission no later than
December 1 of the current 4-H year.

As the 4-H Organizational Leader of (club) _____, I understand that the Maricopa County 4-H Program Fee Stipend is for the benefit of those whom the 4-H Program Fee would cause a hardship. I am signing below to state that I have knowledge of this 4-H member's need of the \$12.50 Program Fee Stipend.

Signature of 4-H Organizational Leader

4-H Organizational Leaders, please return all stipend applications to the 4-H Office.