

REQUEST FOR WAIVER OF FEE

CORNELL COOPERATIVE EXTENSION OF ONONDAGA COUNTY
Is Offering a Course/Program On

_____ \$ _____
(Name of Course or Program) (Cost or Fee)

at: _____ Date: _____ Time: _____
(Location)

I would benefit by attending this program activity, but find myself in the following situation that leads me to request a fee adjustment:

- ___ Low Family Income
- ___ Being Unemployed
- ___ Receiving Public Assistance

Therefore, I am requesting you to consider allowing me to attend by paying:

- ___ 1/2 of total cost, or \$ _____
- ___ Cost of materials: \$ _____
- ___ No fee

I realize that Cornell Cooperative Extension is non-profit, and charges fees only to cover instructors, materials, and other program costs.

Please notify me at the following address regarding your decision on my request:

Name _____ Telephone _____
(Please Print)

Address _____

(Signature)

Cornell Cooperative Extension provides equal program and employment opportunities.

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FOR OFFICE USE ONLY

Date Application Received: _____

Application Approved By: _____
Extension Educator

Date

Executive Director

Date

Date Applicant Notified: _____