

# 2022 Youth Agricultural Incentives Program

## **Student Application SAMPLE COUNTY**

### **Eligibility**

The Youth Agricultural Incentive Program was established to facilitate a growing need for a specialized program that would benefit youth actively engaged in agriculture.

The focus of the program will be on youth developing agricultural projects, as well as strengthening partnerships with school ag programs, Cooperative Extension, and 4-H/FFA organizations.

- All answers provided shall be based on the <u>individual</u> youth applying for funds
- Applicants may be asked to verify responses and/or provide supporting documentation
- Applicants are required to be enrolled in elementary, middle, high school or a homeschool program
- Applicants shall be at least 9 years of age by January 1, 2022 based on 4-H program entry age
- Youth under the age of 18 are required to have parental consent to participate in the program (See Parental Consent section)

Applicants are <u>only</u> eligible to receive funds in one of the following programs per program year: CAIP, Next Generation Beginning Farmer or Youth Agricultural Incentives Program.

<b>Student Applicant Information</b>				
P	PLEASE PRINT			
First Name	Last Name	Last Name		
(REQUIRED)	Age	as of January 1, 2022		
Mailing Address				
(Street) (City, State Zip)	County			
Email Address				
Home # (	Cell # ()			
School Information				
Select the school type for the school you are	currently attending.			
Elementary School Middle	School High School	Home School		
Grade County				
Are you enrolled in a 4-H, FFA or other agricu	ultural program in a county in whi	ch you <u>do not</u> reside?		
YES or NO (Please circle) If yes, list co	unty of enrollment:			

#### **SAMPLE ONLY**

Parent Info	ormation		
First Name		_ Last Nam	ne
Mailing Addres	(Street)		
	(Street)		
	(City, State Zip)	_ County _	
Email Address			
Home # (	_)	Cell # (	
PARENTAL	CONSENT		
			the 2022 Youth Agricultural Incentive ary for the completion of the program.
promotional ma and have advise	aterials. I am also aware of the r	isks and dangers as following all posted	image, picture, likeness or name in ssociated with agricultural production, I directions and instructions at and ative Program.
Please print na	ame		
Parent or Gua	ordian Signature		Date
<b>Mentor Inf</b>	ormation		
First Name		_ Last Nam	ne
Mailing Address	ss		
maining / tauties	(Street) (City, State Zip)		
Email Address			
Home # (		Cell # <u>(</u>	
Preferred Me	thod of Contact:	Mail Er	mail Phone
	Family & Consumer Science	ence Agent Hort	ulture & Natural Resources Agent iculture Agent Other (specify)
MENTOR AC	CKNOWLEDGEMENT		
	youth mentor, I acknowledge that ogram and that I am not from the		ovide consultation or assistance for the liate family.
I also a			nd reimbursements must have my
• •	ture		Date

#### **GUIDELINES FOR FUNDING**

- Funding for all projects shall not exceed the statewide maximum of \$1,500 per youth
- Counties may establish a lower youth maximum cost-share limit or PRO-RATE all eligible youth applicants. Your county's maximum is << Maximum Student Amount>>.
- Reimbursements shall not exceed **50% of the total project** cost for all eligible expenses
- Projects must be complete with all requirements met before funds can be disbursed

#### **EXCLUSIONS:**

- Reimbursements for purchases, including labor, from the youth's immediate family are not eligible (e.g. father/mother, brother/sister, grandparent(s), aunt/uncle, etc.)
- All investments are for the individual youth and shall not be a part of a larger school project or organization

Proje	ect Information			
Where	project will be located:			
Street A	Address			
City	State	Zip	COUNTY	
PROJEC	CT TYPE – You may select up to two (2) Ir	nvestment Areas		
_	Agricultural Diversification			
	Greenhouse Horticulture	Hydroponics	& Aquaponics	
	Technology - Computer Software	Value-Adde	Value-Added & Marketing	
	Wildlife Management			
_	Animal Production*			
	Beef	_	Rabbit	
	Dairy		Swine	
	Equine		Poultry	
	Goat	_	Bees	
	Sheep	_	Livestock Barn	
*	* Participants purchasing any type of livestock must prov	ride a copy of health pape	rs when requesting reimbursement.	
_	Forage Improvement			
	Seeding (based on 2022 CAIP approved seed	list, soil test required)		
_	Showmanship*			
	Beef	Sheep		
	Dairy		Rabbit	
	Equine	Swine		
*	Goat * Participants purchasing any type of livestock must prov	Poultry ride a copy of health pape	rs when requesting reimbursement.	
	, , , , , , , , , , , , , , , , , , , ,	,,	, ,	
_	Supervised Agriculture Experience (SA	E)		
	SAE project Environmental p	roject		
_	Country Ham Project			
_	Ham purchase Project supplies	Cost of participa	tion in 4-H Country Ham Project	

Project Summary  SUMMARY IS REQUIRE	ED
Please provide a brief statement about your project.	
Would you do this project without these funds? YES or NO (Plea	ase circle)
Why?	
Who do you think has encouraged your involvement in agricultur	re the most?
EXPLAIN:	
VOLITIL ACKNOWLEDGEMENT	
YOUTH ACKNOWLEDGEMENT	2 Vanda Aminatanad Inamatana
As the applicant, I acknowledge that I understand the 2022 Program guidelines. I acknowledge that all applicants must add disqualified from future participation in the Youth Agricultural I	nere to program guidelines or may be
I also acknowledge that I am only eligible to participate in per program year: CAIP, Next Generation, Youth. I recognize that local, state and federal rules and regulations.	
By signing this, I acknowledge that I have read the above of the program guidelines and that I accept and agree to be bound	
Youth Signature	Date
Parent Signature	Date
Required if under the age of 18	

For local program information, please contact your county program administrator.