4-H Collaborator
Student Enrollment Form

Collaborator's Name: _____ _____ ____
LAST FIRST MI

School's Address: _____ _____ _____ _____
STREET CITY STATE ZIP

There is a $10 fee for each student. Please indicate here if you are requesting a waiver.

HISPANIC ETHNICITY: Hispanic or Latino -OR- Not Hispanic or Latino

RACIAL GROUP(S):
(A) having origins in any of the original peoples of **Europe**, **North Africa**, or the **Middle East**
(B) having origins in any of the **black racial groups of Africa**
(C) having origins in any of the original peoples of North, Central, and South America, and who maintain **tribal affiliation** or community attachment
(D) having origins in any of the original peoples of the **Far East**, **Southeast Asia**, of the **Indian Sub-continent**, including for example, **Cambodia**, **China**, **India**, **Japan**, **Korea**, **Malaysia**, **Pakistan**, **Philippine Islands**, **Thailand** and **Vietnam**
(E) having origins in any of the original peoples of **Hawaii**, **Guam**, **Samoa**, **Micronesia**, the **Northern Marianas** or other **Pacific Islands**

Name	Gender	Date of Birth	Hispanic Y or N	Racial Group

SIGNATURE _____ DATE _____

Issued in furtherance of Cooperative Extension work, acts of May 8 and June 30, 1914, in cooperation with the U.S. Department of Agriculture, James A. Christenson, Director, Cooperative Extension, College of Agriculture & Life Sciences, The University of Arizona.
The University of Arizona is an equal opportunity, affirmative action institution. The University does not discriminate on the basis of race, color, religion, sex, national origin, age, disability, veteran status, or sexual orientation in its programs and activities.