



2026 Youth Agricultural Incentives Program

Student Application SAMPLE COUNTY

Eligibility

The Youth Agricultural Incentives Program (YAIP) 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 individual student 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 at the time of application** based on 4-H program entry age
- Applicants **under the age of 18** are required to have parental consent to participate in the program (See Parental Consent section)
- The overall intention of YAIP is to benefit students in agriculture, and therefore the student must have an obvious role in the project's implementation (feeding, building, maintenance, etc.), and they must directly benefit from the program educationally, financially, or otherwise

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

Student Applicant Information

PLEASE PRINT

First Name _____ Last Name _____

SSN _____ Age _____
(REQUIRED)

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 agricultural program in a county in which you do not reside?

YES or **NO** (Please circle) If yes, list program and county of enrollment: _____

Parent Information

First Name _____ Last Name _____

Mailing Address _____
(Street)

(City, State Zip) County _____

Email Address _____

Home # (_____) _____ - _____ Cell # (_____) _____ - _____

PARENTAL CONSENT

As the parent or guardian, I understand and acknowledge the 2026 Youth Agricultural Incentives Program guidelines and agree to assist my child in any way necessary for the completion of the program.

I further consent and agree that KOAP may use my child's image, picture, likeness, or name in promotional materials. I am also aware of the risks and dangers associated with agricultural production, and have advised my child of the importance of following all posted directions and instructions at and during all events associated with the 2026 Youth Agricultural Incentives Program.

Please print name _____

Parent or Guardian Signature _____ Date _____

Mentor Information

First Name _____ Last Name _____

Mailing Address _____
(Street)

(City, State Zip) County _____

Email Address _____

Home # (_____) _____ - _____ Cell # (_____) _____ - _____

Preferred Method of Contact: Mail _____ Email _____ Phone _____

Mentor Type:

___ Extension Agent: ___ 4-H Youth Development Agent ___ Agriculture & Natural Resources Agent
___ Family & Consumer Science Agent ___ Horticulture Agent
___ Youth Organization Leader: ___ 4-H ___ FFA ___ Ag. Teacher

MENTOR ACKNOWLEDGEMENT

As the youth mentor, I acknowledge that I am willing to provide consultation or assistance for the length of the program and that I am not from the applicant's immediate family.

I also acknowledge that all youth education, investments, and reimbursements must have my approval before funds can be disbursed.

Mentor Signature _____ Date _____

GUIDELINES FOR FUNDING

- Funding for all projects shall not exceed the **statewide maximum of \$1,500** per student
- Counties **may establish a lower youth maximum** cost-share limit or PRO-RATE all eligible YAIP 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:

- Consumables are **not** eligible – (i.e. feed, hay, medicine, etc.)
- Transportation equipment, including trailers, wagons, and carts are **not** eligible
- Reimbursement for purchases, including labor, from the student's immediate family are **not** eligible. **(e.g. father/mother, brother/sister, grandparents, aunt/uncle, including stepfamily)**
- Chemicals (fertilizer, pesticides, herbicide, etc.) are **not** eligible
- All investments are for the **individual student** and shall not be a part of a larger school project or organization

Project Information

Where project will be located:

Street Address

City

State

Zip

COUNTY

PROJECT TYPE – You may select up to **two (2)** Investment Areas

☐ **Agricultural Diversification**

- | | | |
|---|--|---|
| <input type="checkbox"/> Greenhouse | <input type="checkbox"/> Horticulture | <input type="checkbox"/> Hydroponics & Aquaponics |
| <input type="checkbox"/> Technology – Computer Software | <input type="checkbox"/> Value-Added & Marketing | |
| <input type="checkbox"/> Wildlife Management | | |

☐ **Animal Production***

- | | |
|---------------------------------|---|
| <input type="checkbox"/> Beef | <input type="checkbox"/> Rabbit |
| <input type="checkbox"/> Dairy | <input type="checkbox"/> Swine |
| <input type="checkbox"/> Equine | <input type="checkbox"/> Poultry |
| <input type="checkbox"/> Goat | <input type="checkbox"/> Bees |
| <input type="checkbox"/> Sheep | <input type="checkbox"/> Livestock Barn |

* Participants purchasing any type of breeding livestock must provide a copy of health papers (provided by veterinarian, etc.) when requesting reimbursement. Participants purchasing breeding heifers must submit Heifer Affidavit to certify that all heifers purchased have been developed following the minimum guidelines outlined by the University of Kentucky and the Kentucky Department of Agriculture's "Herd Builders" replacement heifer program. **Breeding heifers under the age of 12 months may submit genomic testing in lieu of the 12-month age requirement.**

☐ **Forage Improvement**

Seeding (based on 2026 CAIP approved seed list, soil test required)

☐ **Showmanship***

- | | |
|---------------------------------|----------------------------------|
| <input type="checkbox"/> Beef | <input type="checkbox"/> Sheep |
| <input type="checkbox"/> Dairy | <input type="checkbox"/> Rabbit |
| <input type="checkbox"/> Equine | <input type="checkbox"/> Swine |
| <input type="checkbox"/> Goat | <input type="checkbox"/> Poultry |

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☐ **Country Ham Project**

☐ Ham purchase ☐ Project supplies ☐ Cost of participation in 4-H Country Ham Project

Project Summary

SUMMARY IS REQUIRED

Please provide a brief statement about your project.

Would you do this project without these funds? **YES** or **NO (Please circle)**

Why?

Who do you think has encouraged your involvement in agriculture the most?

EXPLAIN:

YOUTH ACKNOWLEDGEMENT

*As the applicant, I acknowledge that I understand the **2026 Youth Agricultural Incentives Program** guidelines. I acknowledge that all applicants must adhere to program guidelines or may be disqualified from future participation in the Youth Agricultural Incentives Program.*

I also acknowledge that I am only eligible to participate in one of the following KADF programs per program year: CAIP, Next Generation, YAIP. I recognize that funded participants shall adhere to all local, state, and federal rules and regulations.

By signing this, I acknowledge that I have read the above acknowledgements, as well as, reviewed the program guidelines and that I accept and agree to be bound by the terms thereof.

Student Signature _____ **Date** _____

Parent Signature _____ **Date** _____

Required if under the age of 18

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