



Application for Barrier Reduction Funds 2022 - 2023

Student Legal Name _____	Student Email _____
Home Address _____	WANIC Class _____
Sending High School _____	Class Time <input type="checkbox"/> AM <input type="checkbox"/> PM (Check One)
Grade & Grad Year _____	Date _____

The above student is enrolled in a 3 credit Skill Center program and has expressed/shown a need for student support services as specified below:

- | | |
|---|---|
| <input type="checkbox"/> Uniform fee assistance | <input type="checkbox"/> Food Handler's Permit fee |
| <input type="checkbox"/> Classroom Supplies fee | <input type="checkbox"/> HOSA fee assistance |
| <input type="checkbox"/> Gas Cards or | <input type="checkbox"/> NAC Certification fee assistance |
| <input type="checkbox"/> ORCA Bus Pass | <input type="checkbox"/> PNWCC fee (B grade or higher only) |

The above requested support services are necessary and meet the following conditions:

- The services are job or training related and necessary to keep the student in a program.
- The requested services are not available to the student via their own resources or sources in the local community.

Please provide documentation by **attaching** evidence of low-income qualification by using **one** of the following:

- A letter indicating the student qualifies for "Free & Reduced Lunch" in 2022/2023
- Evidence of participation in the **WIC** program
- Evidence of participation in the **TANF** program
- Evidence of participation in the **SNAP** program
- An email from your home high school counselor confirming you qualify for other financial assistance

I declare, under penalty of perjury governing the laws of the State of Washington, that the foregoing and all information included in and with this form are true and correct. If it is determined that I have falsified any information that resulted in payment of student services, I will be held responsible for monetary restitution.

Student Signature: _____	Date: _____
Parent/Guardian Signature: _____	Date: _____
Parent/Guardian Cell #: _____	Home/Work #: _____

**Please email completed form to wanic@lwsd.org, or return to
WANIC Skill Center 11605 – 132nd Ave NE #A108; Kirkland WA, 98034**

For Official Use Only

Date App Rec'd: _____	Date Entered: _____	Date Items Ordered: _____
Signature: _____	____ Approved ____ Denied	