



Application for Barrier Reduction Funds - Summer 2024

Student Legal Name	_____	Student Email	_____
Home Address	_____	WANIC Class	_____
Home High School	_____	Today's Date	_____
Grade & Grad Year	_____	Staff Referral	_____

The above student is enrolled and has expressed/shown a need for student support services as specified below:

- Gas Cards
- Other _____

The above-requested support services are necessary to keep the student in the class or the services are not available to the student via their own resources or resources 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 2023/2024
- 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 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 the payment of student services, I will be held responsible for monetary restitution.

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Phone #: _____ Parent/Guardian Email: _____

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

(Do not write below this line-School District/Skill Center info only)

Amount Awarded: _____

WANIC Director Signature

Date