Application for Barrier Reduction Funds 2026 - 2027

Student Legal Name _____ **Student Email** _____

Home Address_____ **WANIC Class** _____

Sending High School _____ **Class Time** ☐ **AM** ☐ **PM** **(Check One)**

Class Level_____ **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:

- ☐ Uniform fee assistance
- ☐ Classroom Supplies fee
- ☐ Gas Cards assistance
- ☐ NHA Exams fee assistance
- ☐ Food Handler's Permit fee
- ☐ HOSA/TSA fee assistance
- ☐ NAC Certification fee assistance
- ☐ PNWCC fee (B grade or higher only) assistance

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 2026/2027
- ☐ 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 F/R lunch 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 11605 – 132nd Ave NE #A108; Kirkland WA, 98034

For Official Use Only

Date App Rec'd: _____ Date Entered: _____ Date Items Ordered: _____

Signature: _____ _____Approved_____Denied