



FINANCIAL ASSISTANCE FORM

Date: _____ (please submit 2 weeks prior to program start) Location of Activity: _____

Class Name: _____ Class Number: _____ Class Cost: _____

Name of Individual or Group Requesting Scholarship: _____

Name of Individual or Group Receiving Scholarship: _____

Applicant's Address: _____

Applicant's Phone (Day): _____ (Evening): _____

Number of Individuals Living in Your Household: _____ Yearly Family Income Before Taxes: _____

Scholarships are funded based on Income. The maximum scholarship amount allowed in one calendar year (Jan. to Jan.) is not to exceed \$400.00. Please use the chart below to determine if you qualify for a scholarship. To qualify for a scholarship you must live in King County, Washington.

HOUSEHOLD SIZE	1	2	3	4	5	6	7	8
1/2 scholarship Of Program Fee	\$16,300	\$22,000	\$27,700	\$33,400	\$39,000	\$44,800	\$50,600	\$56,300
3/4 scholarship of Program Fee	\$13,900	\$18,800	\$23,600	\$28,500	\$33,300	\$38,200	\$43,000	\$47,900
Full scholarship	\$11,500	\$15,500	\$19,526	\$23,500	\$27,500	\$31,500	\$35,500	\$39,500

As an example, if your household size is 4 and your family income is \$23,500, you will be considered for a full scholarship. This application is reviewed by committee and not all scholarships can be funded even though applied for. The LEF will do it's best to fund your request but we make no guarantees to grand each request.

PLEASE GIVE A BRIEF EXPLANATION OF WHY YOU ARE REQUESTING FUNDS: _____

FOR LIFE ENRICHMENT FOUNDATION INTERNAL USE ONLY:

APPROVE _____ AMOUNT: _____
 DISAPPROVE _____ REASON: _____
 DATE OF NOTIFICATION TO APPLICANT: _____
 COMMITTEE MEMBER MAKING NOTIFCATION _____
 PLEASE ATTACH THIS FOR TO A COPY OF NOTIFICATION LETTER LEF FILE

SUPPORTING RECREATIONAL ACTIVITIES FOR PEOPLE WITH DISABILITIES