

### Applicant Information

Name/s of parent/s, guardian/s, applicant/s (and relationships to child/ren in family if more than one name)

Email

Best phone

Current address

City

State

ZIP Code

Own	Rent	Other?
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Who Lives in Your Home with You? First name + age

Please describe family structure (e.g., partnered, cohabitating, living apart, separated, married, divorced, single, other)

### Employment and Financial Information

Please describe your employment situation/s (e.g., full-time, part-time, underemployed, etc.)

Please explain financial challenges that you are facing and your reasons for requesting a fee reduction

### Automatic Financial Aid Qualifications

Please indicate any of the following programs for which you, or your child/ren, qualify:

- Adoption, Fostering
  - Apple Health, Medicaid
  - Basic Food Employment & Training BFET
  - Basic Food, EBT, SNAP
  - Childcare Subsidy Programs CCSP
  - DSHS Cash Assistance
  - Early and Extended Learning programs
  - Head Start or Early Head Start
  - Housing and Essential Needs Program HEN
  - HUD Section 8
  - Low Income Home Energy Assistance LIHEAP
  - ORCA Lift
  - Refugee Cash Assistance RCA
  - Refugee Medical Assistance RMA
  - School Breakfast Program SBP
  - School Lunch Program NSLP
  - Social Security Disability Insurance
  - Special Education, IEP, Section 504
  - Summer Food
  - Temporary Assistance for Needy Families TANF
  - Washington State Family Assistance SFA
  - Women, Infants & Children WIC
  - WorkFirst, WorkForce, Trade Adjustment
- Other financially qualified program/s:

Please include copies of award letter/s, cards, or other evidence of current program/s qualification.

Program and Reduced Fee Request		
Please indicate the amount that you think you are able to pay (net of fee reductions) <b>monthly</b> :		
Simplicity Learning program	Typical hours per program	Monthly I could pay:
Simplicity Parent-Tot Playgroup	2 hours per week, up to 10 weeks per quarter	\$
Private Parent/Family Coaching	2 hours per session, up to 1 session per week	\$
Study Groups / Workshops	2 to 4 hours per evening or weekend workshop	\$
Please include any additional information that you wish the Financial Aid Committee to consider:		
Signature		
Signature of applicant	Date	

Please return this form (hard copy – in person or by USPS - not electronically), and attachments, to

Financial Aid Committee, Simplicity Learning, 2320 130<sup>th</sup> Ave NE, Suite 140, Bellevue, WA 98005

Questions?

[info@SimplicityLearning.org](mailto:info@SimplicityLearning.org) or 425.614.0145

Please complete both sides of this application