



**SUBMIT TO: 1901 N. State St. Ste B.
Bellingham, WA 98225**

Drivers Education Scholarship Application

Date of Request: _____

Referred by: _____ DOB: ____/____/____

Student's Name: _____ Age: _____

Student's School _____ G.P.A. _____

Parent / Guardian: _____ Phone: _____

Address: _____ Cell: _____

City, State, Zip: _____ # in Household: _____

Marital Status: Married Single Divorced Type: Homeless Low-Income Foster

Primary Language: English Russian/Ukraine Spanish Other Foster Case # _____

Driver's Education Provider Requested:

Provider Name: _____ Phone: _____

Provider Address: _____ City: _____

Program Cost: \$ _____ Explain how the balance of fees will be paid? _____

Do you have a car available to you for use once you obtain your license? Yes No

What auto insurance company will you be using? _____

What is the cost for 12 mo of auto ins. for you? \$ _____ per month / year (circle one)

Who will be paying for your auto insurance once licensed? _____

Parent / Guardian Eligibility - I have the following:

Employment Income	\$ _____ (Month / Week)	Unemployment Income	\$ _____ (Month / Week)
SSI / SSD	\$ _____ (Month / Week)	Child Support	\$ _____ (Month / Week)
TANF Assistance	\$ _____ (Per Month)	Food Stamps	\$ _____ (Month / Week)
Medical Coupons	Yes No	Free/Reduced School Lunch	Yes No

Other Comments: _____

I verify that all information I have submitted is accurate and current to the best of my knowledge as of signing this form. I understand that any falsification of the above information by me can cause loss of eligibility for this scholarship as well as to receive services from Blue Skies for Children.

_____ Parent/Guardian Signature	_____ Date
_____ Student Signature	_____ Date

OFFICE USE ONLY: Date Rcvd: ____/____/____ Date Approved/Denied: ____/____/____ Granted: Yes <input type="checkbox"/> No <input type="checkbox"/> date: ____/____/____ Amount of Scholarship \$ _____ Date Paid _____ Initials: _____ Picture: Yes <input type="checkbox"/> No <input type="checkbox"/>
