



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

Little Wishes Application

Date of Request: _____ Is this your first Little Wish? Yes No Enrichment Renewal

Referred by: _____ DOB: ____/____/____

Child's Name: _____ M/F _____ Age: _____

Parent / Guardian: _____ Phone: _____

Address: _____ Cell: _____

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

County: _____ School District: _____

Guardian Marital Status: Married Single Divorced Eligibility: Homeless Low-Income Foster

Origin: Caucasian Hispanic Russian/Ukraine Native-American African-American Other _____

Blue Skies does not in any way discriminate. Information provided is for grant and reporting purposes only.

Little Wish Request: _____

Reason: _____

Needed by date: _____ (if applicable)

Enrichment Provider Request:

Provider Name: _____ Provider Phone: _____

Provider Address: _____

Estimated Cost/Fee: \$ _____ per [month / session / week] (circle one)

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 _____ Reduced School Lunch Yes _____ No _____

Please have your child write below why they want their Little Wish Granted, and how the Little Wish will make their life better at home or at school:

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 to receive services from Blue Skies for Children.

Parent/Guardian Signature

Date

OFFICE USE ONLY: Date Rcvd: ____/____/____ Date Apprvd/Denied: ____/____/____ Granted: Yes <input type="checkbox"/> No <input type="checkbox"/> date: ____/____/____ Type: Enrichment <input type="checkbox"/> Voucher <input type="checkbox"/> Other <input type="checkbox"/> _____ Initials: _____ Picture: Yes <input type="checkbox"/> No <input type="checkbox"/>
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