



## **Evan J. Sobjack Memorial Fund**

### *Legends of Mt. Baker*

The purpose of this fund is to give children entering 5<sup>th</sup> or 6<sup>th</sup> grade, who are living homeless, low-income or in foster care an opportunity to be involved in snowboarding that will build their skills, self-confidence and increase self-esteem.

Funding is limited and we are not always able to grant each request. There is no guarantee that an application will be approved. To request funding support, a parent or guardian must submit completed forms and documentation for review. The application will be reviewed and notification will be made by phone and/or email. Paperwork can be submitted to: **2505 Cedarwood Ave, Ste. 5, Bellingham, WA 98225** or Emailed to **[blueskies@blueskiesforchildren.org](mailto:blueskies@blueskiesforchildren.org)**

#### **Eligibility Requirements:**

- A child must be in their 5<sup>th</sup> or 6<sup>th</sup> grade year at school.
- Each applicant must qualify based on need. Parent / Guardian must prove income eligibility or if for a foster child, provide foster child documentation.

#### **Policy:**

- Only one request can be granted per child per year.
- A request will count as one Little Wish toward the family maximum of 3 Little Wishes annually.
- All documentation is required for each request annually.
- Application and required documents must be complete before a request can be approved or processed.
- Clients referred from another agency must still provide required documentation.

#### **To Apply:**

1. Complete an *Application packet*.
2. Provide *income documentation* (see acceptable forms of income documentation below).  
*Note: If request is for a foster child, no income information is required, but must provide case number, case worker name & phone number.*
3. Provide parent/guardian *picture ID*.
4. Provide *child's ID* - copy of state ID, ASB Card, medical card, Social Security card, or guardianship papers.

#### **Acceptable forms of income documentation:**

- Free or Reduced Lunch Award Letter (for current school year)
- Two months of pay stubs
- If parent/guardians are married – must show income for entire household
- If Self employed - last years tax return(s) for both parents.
- If Unemployed - Unemployment award letter.
- If receiving TANF - Approval letter showing amount for current period.
- If receiving DSHS Food stamps - show award letter or current DSHS free / reduced lunch documentation.
- If receiving SSI /SSD – provide payment verification letter.
- If receiving Medical Coupon – must be current, must list child making Little Wish, and can be submitted in lieu of income documentation and/or child's ID.
- If request is for a foster child – provide placement letter.
- If parent / guardians are separated – Must show income for both parents, or legal separation papers showing child support, or can provide a “No Contact Order” if applicable. Alternatively, if parents are living separately and no other information available, provide non-interested party collateral statement (from landlord, neighbor, other third party).
- If parent/guardians are divorced – show divorce decree child support info or provide child support statement.

**NOTE: We do not provide food, housing, furniture, toys, or electronics (other than computers or special needs equipment).**



SUBMIT TO: 2505 Cedarwood Ave Suite 5  
Bellingham, WA 98225

EMAIL TO: blueskies@blueskiesforchildren.org

# Evan J. Sobjack Memorial Fund Application

Date of Request: \_\_\_\_\_

Is this your first Little Wish? Yes  No

Referred by: \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Child's Name: \_\_\_\_\_

M/F/B: \_\_\_\_\_ Age: \_\_\_\_\_

Parent /Guardian: \_\_\_\_\_

Preferred Pronouns: \_\_\_\_\_

Address: \_\_\_\_\_

Cell: \_\_\_\_\_

City, State: \_\_\_\_\_

Zip: \_\_\_\_\_

County: \_\_\_\_\_ # in Household: \_\_\_\_\_ School District: \_\_\_\_\_

Marital Status:

(Circle one) Single Married Divorced

Eligibility:

(Circle one) Homeless Low-Income Foster/Guardian

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.*

**REQUEST:** \_\_\_\_\_

Will you need: Warm Jacket \_\_\_\_ Snow Pants \_\_\_\_ Gloves \_\_\_\_ Helmet (Required) \_\_\_\_ Snowboard \_\_\_\_  
(CHECK ALL THAT APPLY)

In what year of School is child enrolled? 5<sup>th</sup> \_\_\_\_ 6<sup>th</sup> \_\_\_\_

Will you be riding a school ski bus? Yes \_\_\_\_ No \_\_\_\_ District: \_\_\_\_\_

Do you need help with cost of ski bus? Yes \_\_\_\_ No \_\_\_\_ Start Date: \_\_\_\_\_

Will you need help with a Mt. Baker Day Pass? Yes \_\_\_\_ No \_\_\_\_ Number of Trips: \_\_\_\_\_

Will you need lunch money? Yes \_\_\_\_ No \_\_\_\_

Needed by date: \_\_\_\_\_ (if applicable)

**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 Coverage	Yes ____ No ____	Free/Reduced School Lunch	Yes ____ No ____

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 now and in the future. Blue Skies and The Evan J. Sobjack Fund do not take any responsibility as a result of participating in any enrichment activity.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## My Story – Child:

Hi, my name is: \_\_\_\_\_

I am \_\_\_\_\_ years old and in the \_\_\_\_\_ grade.

I have \_\_\_\_\_ sisters and \_\_\_\_\_ brothers. I am the (oldest, middle, youngest sibling)

I live with my: \_\_\_\_\_

My favorite hobbies and/or interests are \_\_\_\_\_

\_\_\_\_\_

What is your favorite subject in school and why? \_\_\_\_\_

\_\_\_\_\_

What is your favorite sport and why? \_\_\_\_\_

\_\_\_\_\_

Why do you want to learn to snowboard?

\_\_\_\_\_

\_\_\_\_\_

If you could be anything when you grow up what would it be and why? \_\_\_\_\_

\_\_\_\_\_

If your wish was granted how would you benefit from it in the future? \_\_\_\_\_

\_\_\_\_\_

## My Story – Parent/Guardian:

Why did you come to Blue Skies for assistance and how will it be an advantage to your child? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How would your wish request make your child's life better at home and/or school? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



## Enrichment Participant Release

### Sponsorship Release

I, \_\_\_\_\_, the parent / guardian of \_\_\_\_\_, hereby understand that the Even J. Sobjack fund will be supporting my request for participation through fundraising and community donations.

I understand that Blue Skies for Children will, under no circumstances, share my name, my child's given name or any other identifiable information other than a photo which I have released below to be used solely for fundraising and donorship communications.

I understand that I may revoke this release at any time by submitting a request in writing. However, this revocation would not affect photographs or other information previously shared. I understand there will be no compensation for damages for the distribution of a photograph or other information about my child to a Sponsor, foundation or grant organization. I also understand that by revoking this release may result in interruption, or termination, of my child's Enrichment Program.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

### General Photographic Use Release

I, \_\_\_\_\_, the parent/guardian of \_\_\_\_\_, hereby authorize The Evan J. Sobjack fund administrator Blue Skies for Children, and/or it's grantors, to use photographs and/or videos in which my child appears, for the purpose of describing or promoting the non-profit activities of Blue Skies for Children. I understand that Blue Skies will, under no circumstances, use my name or my child's name. I understand that an alternative name may be used, as well as my child's age, and the photographs, videos, and other enrichment activity information may be printed, published, distributed, or shared through any and all mediums, currently known or hereinafter invented, including, but not limited to, physical print and/or electronic mediums including, but not limited to, video, television, email, websites, and/or social media platforms.

I understand that I may revoke this privilege at any time by submitting a request in writing, however, this revocation would not affect photographs or videos previously shared. I understand there will be no compensation for damages for the distribution of a photograph, videos, or other information used in marketing materials, or shared with a sponsor, or shared with a foundation or other grant organization.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date