



FOSTER GRADS PROGRAM

The purpose of the Foster Grads Programs is to give foster youth support in their efforts to graduate from high school and transition into higher learning. This program allows but is not limited to those in traditional foster homes, group homes, residential treatment centers, kinship care, independent living programs and emergency placement centers.

Funding is limited to the grant funding we receive. There is no guarantee that an application will be approved. To request support, a foster parent or guardian must submit completed forms and documentation for review.

To submit application - mail to: **2505 Cedarwood Ave, Ste. 5, Bellingham, WA 98225** or submit by email to **blueskies@blueskiesforchildren.org**

Eligibility Requirements:

- A child must be a foster youth as stated above.
- The teen's age must not exceed 18 or 21st birthday if still living within the foster system.
- Foster status must be verifiable.

Policy:

- All documentation for request is required at time of application, such as registration forms or applications.
- Application and required documents must be completed and submitted prior to service or activity.
- Payment of request can only be made directly to the provider of service, there is no reimbursement to the family for previously paid expenses.

To Apply:

1. Complete a *Foster Grads Application Form*.
2. Provide foster and/or case documentation.
3. Provide parent/guardian identification.

Program offers coverage for the following:

- GED Fees
- High School graduation fees such as cap & gown
- Flash drives
- Tutoring
- BTC / WCC / Beauty school Application Fees
- lab fees / special lab supplies
- special calculators
- parking fees

Grant coverage excludes the following:

- Transportation
- Social activities
- Senior pictures
- Tuition
- Basic school supplies
- Academic School trips – funding may be available through Blue Skies One-Time Little Wishes Program



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

EMAIL TO: blueskies@blueskiesforchildren.org

Foster Grads Application

Date of Request: _____

Referred by: _____ DOB: ____ / ____ / ____

Youth Name: _____ M/F ____ Age: _____

Parent /Guardian: _____ Phone: _____

Address: _____ Cell: _____

City, State, Zip: _____ Email: _____

County: _____ # in Household: _____ School District: _____

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: _____

Payment needed by date: _____ (if applicable)

Provider of Service:

Business Name: _____ Contact Phone: _____

Provider Address: _____

Cost/Fee: \$ _____

Eligibility - I have the following:

Foster Documentation Yes _____ No _____

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.

Parent/Guardian Signature

Date