

**Generations ELFC  
Tuition Assistance Application**

Generations Tuition Assistance Program provides families with the opportunity to apply for financial assistance with their childcare bill for a duration of 6 months based on their income when compared to the City of Bellingham HUD Income Limits. Applications are to be reviewed and approved by the St. Francis Foundation Board of Directors. Approved applicants may reapply at the end of their 6 month assistance term with potential to be re-approved for a new term.

**Applicant (Parent/Guardian) Name(s):** \_\_\_\_\_

**Enrolled Child(ren) Name(s) & Age(s):** \_\_\_\_\_

**Number of people in household:** \_\_\_\_\_ **# of days attended at Generations per week:** \_\_\_\_\_

**Family Income** (only one field required):      Monthly: \$ \_\_\_\_\_      OR      Annually: \$ \_\_\_\_\_

**Please use this space to describe any special financial circumstances that your family has faced in the past year that you would like to be considered in application review:** (Feel free to attach a longer narrative behind the application)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please attach ONE of the following forms of financial declaration:**

- Most current month of paystubs
- OR
- DSHS Financial Award Letter

**We are required to ask for information about your children’s race and ethnicity.** This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children’s eligibility for receiving Tuition Assistance:

Ethnicity (check one):  Hispanic or Latino       Not Hispanic or Latino

Race (check one or more):  American Indian or Alaskan Native       Asian       Black or African American       Multi-Racial  
 Native Hawaiian or Pacific Islander       White

**Acknowledgment:**

I understand that this information will be reviewed by the St. Francis Foundation Board of Directors and that the submission of this application does not assure financial assistance. The Board of Directors will review submitted application materials and will keep all submitted documents private. Upon approval, a financial assistance term of 6 months will begin.

\_\_\_\_\_  
Applicant Signature Date

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**For Board of Directors Review Purposes:** **Date Reviewed:** \_\_\_\_\_

**Notes:**

\_\_\_: Approved      \_\_\_: Step 1 Assistance      \_\_\_: Step 2 Assistance      \_\_\_: Step 3 Assistance      **Starting:** \_\_\_\_\_  
OR  
\_\_\_: Not approved at this time: \_\_\_\_\_      **Ending:** \_\_\_\_\_