

## Financial Assistance Form

Thank you so much for your interest in Life Enrichment Foundation and your interest in applying for a scholarship or financial assistance.

Date (please submit 2 weeks prior to program start):

Location of activity:

Class Name:

Class Number:

Class Cost:

Name of individual or group requesting scholarship:

Name of individual or group receiving scholarship:

Applicant's address:

Applicant's phone (Day):

(Evening):

Number of individuals living in your household:

Yearly family income before taxes:

Scholarships are funded based on Income. The maximum scholarship amount allowed in one calendar year (Jan. to Jan.) is not to exceed \$500.00 for the calendar year. Please use the chart below to determine if you qualify for a scholarship. To qualify for a scholarship you must live and reside within King County, Washington.

Household Size	1	2	3	4	5	6	7	8
1/2 scholarship	\$16,300	\$22,000	\$27,700	\$33,400	\$39,000	\$44,800	\$50,600	\$56,300
3/4 scholarship	\$13,900	\$18,800	\$23,600	\$28,500	\$33,300	\$38,200	\$43,000	\$47,900
Full scholarship	\$11,500	\$15,500	\$19,526	\$23,500	\$27,500	\$31,500	\$35,500	\$39,500

As an example, if your household size is 4 and your family income is \$23,500, you will be considered for a full scholarship. This application is reviewed by committee and not all scholarships can be funded even though applied for. LEF will do our best to fund your request, but each application is reviewed on its individual merit and in the context of available Foundation funds and Mission goals. LEF makes no guarantees, implicit or explicit, to grant any financial assistance request unconditionally.

Please give a brief explanation of why you are requesting funds:

**For LEF internal use only** (Please attach this to a copy of notification letter for LEF file)

Approve

Amount:

Date of notification to applicant:

Disapprove

Reason:

Committee member making notification:

**Supporting  
recreational  
activities for  
people with  
disabilities.**