



GOWNS FOR GRADS

PROGRAM APPLICATION

STUDENT INFORMATION

Full Name: _____ Birth Date: _____
Last First M.I.

Mailing Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

HIGH SCHOOL STATUS

School currently enrolled at:	City:	
Eligible to participate in Senior Activities	Yes	No
Eligible to participate in Graduation Ceremony	Yes	No
If no, current barriers are:		

ELIGIBILITY

Select all that apply
Free or Reduced lunch Program eligibility
Household size and guidelines for July 1, 2023-June 30, 2024
1-\$26,973 2-\$36,482 3- \$45,991 4- \$55,500 5-\$65,009 6-\$74,518 7-\$84,027 8-\$93,536
For each additional family member add \$9,509
Active Military Family Branch:
Experiencing homelessness
Active 504 Plan or IEP
Other (explain):

REQUESTS

Select all that apply

Cap, Gown, and Tassel

Stole

Cap and Tassel only (no gown)

Tassel only (no cap, no gown)

Measurements are needed for proper sizing

Height:

Weight:

Prom Tickets

Grad Night

Yearbook

Other Requests/Notes:

REFERRAL

Name of School Counselor, Case Manager, Social Worker, Youth Program Administrator

Full Name: _____ Relationship: _____

Email _____ Phone: _____

I certify that my answers are true and complete to the best of my knowledge.

Counselor/Case Manager

Signature: _____

Date: _____

Gowns For Grads strives to have participants be reflective of the community we serve. The following questions are optional and confidential.

RACE

_____ Black/African American _____ African _____ White/Caucasian _____ Middle Eastern/North African

_____ Asian _____ Pacific Islander/Native Hawaiian _____ Latino/Latina/Latinx/Hispanic

_____ Native American _____ Multiracial _____ Other _____ Prefer not to say

GENDER

_____ Male _____ Female _____ Nonbinary _____ Transgender _____ Prefer not to say

ANNUAL HOUSEHOLD INCOME (circle annual before taxes)

\$0- 24,999 \$25,000- 49,999 \$50,000-75,999 \$75,000-99,999 \$100,001+ Prefer not to say

MAIN LANGUAGE SPOKEN AT HOME: _____

Please return this completed form to email address: info@gownsforgs.org or mail to:

Gowns for Grads, 1600b SW Dash Point Rd, Suite 36, Federal Way, WA 98023

Fax 253 856-9210

Phone: (253) 470-6996

Form rev. 11/2023



GOWNS FOR GRADS PROGRAM CONSENT FORM AND RELEASE

For the applicant to be considered, this consent form must be submitted with the application and signed by both the student applicant and parent/guardian.

I, _____, hereby acknowledge that:
Student

1. The information in this application is true and correct.
2. I give my permission for the information in my Gowns For Grads application to be shared with the individuals associated with and working for the Gowns For Grads Program.
3. I understand that Gowns For Grads and its staff will regard as confidential and privileged any information thus released to them and will use said information to verify eligibility for assistance from the Gowns For Grads program.
4. I release to the Gowns for Grads program the right to use my name and other information contained in this application for publications and reports.

Signature of Student Applicant

PRINTED Name of Student Applicant

Phone of Student Applicant

Email of Student Applicant

Signature of Parent/Legal Guardian

PRINTED Name of Parent/Guardian

Phone of Parent/Legal Guardian

Email of Parent/Legal Guardian

DATE: _____

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