

WASHINGTON COUNTY SCHOOL SUPPLY DRIVE 2011 APPLICATION

DATE: _____, 2011 Location: Mary Martha; *CONCERN;* Agape
(Circle one)

NAME OF ADULT APPLYING:
FIRST LAST

RELATIONSHIP: (Check one)

PARENT GRANDPARENT GUARDIAN OTHER RELATIVE OTHER

SOCIAL SECURITY NUMBER: SIZE OF FAMILY:

ADDRESS:

PHONE NUMBER: ALTERNATE:

EMERGENCY CONTACT INFORMATION:
(Name & Phone Number)

STUDENT'S NAME		AGE of student	SCHOOL ATTENDING <i>(only Washington county schools, Osage Hills and Bowring)</i>	GRADE <u>(NOT AGE)</u>	SEX <i>(circle one)</i>
FIRST	LAST				
					M or F
					M or F
					M or F
					M or F
					M or F
					M or F
					M or F
					M or F

REASON FOR APPLYING (Please check one):

1. UNEMPLOYMENT 4. WAITING FOR ASSISTANCE
 2. MEDICAL 5. OTHER (explain below)
 3. ON SSI _____

HOUSEHOLD INCOME (Please check one):

- BELOW \$10,000 \$10,000 - \$15,000 \$15,000 - \$25,000 ABOVE \$25,000

If someone else will be picking up the supplies, please list below.
 APPROVED PERSON TO PICK UP SUPPLIES: _____

SIGNATURE OF PERSON APPLYING: _____

APPROVED BY: _____