



# School Supplies Application

**Parent/Guardian Name (or Youth if 18 +):** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**# of Youth Receiving Supplies:** \_\_\_\_\_

**Grade(s)/Age(s):** \_\_\_\_\_

**School(s) Attending:** \_\_\_\_\_

**Relationship to child/children:** \_\_\_\_\_

***For staff only***

Proof of Residency (please attach copy)

Supplies provided \_\_\_\_\_

Staff Signature \_\_\_\_\_