

SHOP WITH A COP APPLICATION

NAME OF CHILD OR CHILDREN: _____

Age _____

Address _____

Phone # _____

Parent/Guardian _____

What school does he/she attend:

Has this/these child/children participated in Shop With A Cop before. Yes ____ No ____

If so, how many times? _____ How long ago? _____ Child's Name _____

Is the parent/guardian employed? Yes ____ No ____

If so, where and for how long,

Please provide reason for applying:

Additional Contact Information:

Do you expect any other assistance with gifts for child/children: Yes ____ No ____

Application deadline is: December 6, 2019

Application received by: _____