



## Cambria County Shop with a Cop Program Application Form

Please complete this application and return it to the school district where the child resides. *Eligibility:* Children ages 5-14, or those in kindergarten through 8th grade, who reside in Cambria County are eligible. **Note:** Only children from Cambria County will be selected to shop, and the child must be present on the shopping day to participate.

Child's School District: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

### **Responsible Party Information:**

Name of Responsible Party: \_\_\_\_\_

Relationship to Child (*Circle One*)                      Guardian              Parent              School Employee

Address of Responsible Party: \_\_\_\_\_

Phone Number: \_\_\_\_\_

### **Household and Income Information**

1. Number of People in Household: \_\_\_\_\_
2. Have you applied for assistance from any other organization? (Yes/ No)
3. Have you been a part of Shop with a Cop in the past? (Yes/No)  
\*\* By completing and signing this application, you hereby authorize Cambria County Crime Stoppers Shop with a Cop, along with its agents or partners, to make inquiries with other organizations concerning any assistance you may be receiving.
4. Total Annual Household Income: \_\_\_\_\_

By signing below, I verify that all statements made herein are true and accurate to the best of my knowledge. I understand that my signature serves as an attestation to the accuracy of the information provided herein.

Signature:

\_\_\_\_\_