



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. **(Not all applicants will be chosen to participate. Your child will only be participating if they are selected and you are contacted.)**

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: _____

Please return completed applications to the building office by 11/25/24. Thank you!

