Cambria County Shop with a Cop Application Form

The application should be completed and returned to the office in the Elementary or High School. Do not leave any spaces blank. **Eligible children are grades K-8.** On the shopping day, your child **must** be present in order to shop. Child must live in Cambria County.

Name of School: _____

Child's name: _____   Age: _____   Grade: _____

Name of Responsible Party: _____

Relationship to Child (Circle One)   Guardian   Parent   School Employee

Address: _____

City: _____

Municipality: _____

Phone Number: _____(Please indicate the best time to call)

1. Number of persons in household: _____

2. Have you applied for assistance from any other organization? Yes or No

3. Have you been a part of Shop with a Cop in the past? Yes or No
   ** By completion and your signature on this application, you are authorizing the school district to make inquiries with other organizations about assistance you are receiving.

4. Total Annual Household Income:

Signature _____   Date: _____

Application must be submitted by November 13

YOU WILL BE NOTIFIED IF YOUR CHILD IS SELECTED TO PARTICIPATE IN THE PROGRAM