

Only applications completed in full will be considered. Children must be accompanied by an adult and must be able to attend the event at the selected venue. If you are unable to attend the event after being accepted, your child will not be able to receive the items purchased for them. When returning this application, please include hardship letter and explain why your child would benefit from this program. Also, include one letter of recommendation from case manager, teacher, pastor, social worker, guidance counselor or other professional able to vouch for hardship stated. Applications, along with requested information should be mailed to 799 North Court St., Suite 13, Medina, Oh 44256. Christmas event will be December 10th, in Lorain. Specific information regarding the actual event and location will be given upon acceptance into program. Completed applications must be postmarked by October 1st to be considered.

Parent/Guardian:	Date:
Address:	
Phone:	School:
Additional contact name & phone numbe	r:
Those living in your household - names a ages: 1	
Present Income / Source of Income / Oth	ner Support, etc.:

Other Resources:

Note: Upon receipt of completed application and documentation, you will then be eligible for the Christmas program and you will be notified if you are accepted into the program. By signing this application, I hereby grant full permission for Angels For Kids, it's agents or assigns, to use in promotional materials and other communications presented in any medium, my, and my children's name, likeness, image, voice, photographs, video recordings, or quotations. This permission is perpetual and worldwide

Signature	Date				
NAME & AGE	ITEM 1	ITEM 2	ITEM 3	ITEM 4	