

2018 SAPOA Blue Santa Application

Please fill out the application and attach a valid copy of your ID and a copy of each child's birth certificate. This application must be submitted by Tuesday, October 30, 2018.

Name of Parent/Guardian: _____

**This application, and any donations you receive, will be filed under this name.*

Address: _____ City: _____

State: _____ Zip Code: _____ Phone: _____

Name of Organization that referred you: _____

Please list all reasons you are asking for assistance: _____

Please list all organizations that provided you with assistance last year (if any):

Please list all organizations that are currently providing you with assistance (if any):

Please rank your needs, 1 being the greatest and 3 being the lowest:

Clothing _____ Food _____ Toys _____

Please provide us with the following information for children ages Newborn-16yrs:

*(All names will be compared with other organizations' databases and could result in the rejection of your application.) *Please specify if any of your children are special needs**

1. Child's Name: _____ Age: _____ Gender: _____

2. Child's Name: _____ Age: _____ Gender: _____

3. Child's Name: _____ Age: _____ Gender: _____

4. Child's Name: _____ Age: _____ Gender: _____

5. Child's Name: _____ Age: _____ Gender: _____

6. Child's Name: _____ Age: _____ Gender: _____

Do you want your toys wrapped? Yes No