



Holiday Assistance for Freedom Park Families

Please complete this application in its entirety and accurately. Be sure to write legibly. Please return all applications to the school by Monday, September 23, 2024 (This is a firm deadline.)

Applicant's Name (Parent/Guardian) _____
 Last Name First Name

Date of Birth (MM-DD-YYYY) _____ - _____ - _____ Social Security _____ - _____ - _____

Spouse's Name _____
 Last Name First Name

Contact Information

Phone Number (_____) _____ - _____

Address _____
 House Number and Street Address City State Zip Code

Please complete the information below for each child in your home under 14 years of age.

_____ Last Name	_____ First Name	_____ DOB (MM-DD-YYYY)	_____ SSN	_____ Sex (M/F)
_____ Last Name	_____ First Name	_____ DOB (MM-DD-YYYY)	_____ SSN	_____ Sex (M/F)
_____ Last Name	_____ First Name	_____ DOB (MM-DD-YYYY)	_____ SSN	_____ Sex (M/F)
_____ Last Name	_____ First Name	_____ DOB (MM-DD-YYYY)	_____ SSN	_____ Sex (M/F)
_____ Last Name	_____ First Name	_____ DOB (MM-DD-YYYY)	_____ SSN	_____ Sex (M/F)
_____ Last Name	_____ First Name	_____ DOB (MM-DD-YYYY)	_____ SSN	_____ Sex (M/F)

*The agencies we work with do their best to meet the needs of all applicants, but they are only able to fulfill applications based on the donations they receive.