

Love Tree Application Information Page

Office use Only

Date completed application turned into Herald office: _____

NOTES/COMMENTS: _____

Date: _____ Email address: _____

Custodial Parent/Legal Guardian Name: _____

(may need to show court documents verifying this information)

Total number of people LIVING in your home: _____ Marital Status: M _____ S _____ D _____ W _____ other _____

CHILD'S PRIMARY Address (including zip code) _____

Telephone: Home: _____ Cell _____ Work _____ Email _____

Personal Contact (other than above): Name: _____ Telephone: _____ Relationship: _____

Monthly income for **ALL** household members 18 years and over: \$ _____

Source of income: Employment _____ Disability income _____ Social Security _____ AFDC _____ Self-employed _____ Unemployment _____

Other Income (please list source) _____

Other ADULTS who live in your home (check the ones that apply): _____ Employed _____ Laid off _____ Unemployed _____ Disabled _____

Do you or anyone in your household receive food stamps (EBT card)? Yes _____ No _____ If Yes, List amount per month _____

Please list **EVERYONE** who lives in the home (ALL school age children must be enrolled in the Burgin/Mercer Co. School Districts to qualify for assistance). Attach a separate sheet if needed.

<u>Name</u>	<u>Age</u>	<u>Male/Female</u>	<u>Relationship</u>	<u>School Attending</u>	<u>Teacher</u>
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If you have questions or need assistance completing this packet, please call your child's FRC/YSC Office or email andrea@harrodsburheral.dom

These forms can be turned into The Harrodsburg Herald: Thursday, Oct. 30 from 3 - 5 p.m., Friday, Oct. 31 from 10a.m. to 1p.m., Saturday, Nov. 1 from 11a.m. to 1p.m. Community service: 25 homemade cards for nursing home or military or attending a school event - Watch for clean up dates posted on the LOVE TREE FB page

Love Tree Sponsorship Information Page

(Please put specific and correct sizes for ALL children listed. Sponsors are not responsible for wrong sizes if not specified below.)

Custodial Parent/Legal Guardian Name: _____

Working phone number (#1): _____ Working phone number (#2) _____

Complete Address: _____

Directions to your home: _____

Please complete below for children living in your home (**ALL school-aged children must be enrolled in Burgin/Mercer School Districts**). Please list as much detail as possible (likes and dislikes—see example below). If necessary, attach a separate sheet to the application. The form(s) will be copied and given to your family's sponsor.

READ NOTICE IN BOX BELOW REGARDING REQUESTS.

Name	Age	M/F	Shirt size	Pant size	Shoe size	Toys/Items your child likes
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Johnny Jones	11	Male	Youth medium/8-10	Youth large/12-14	sz 8 in men's shoes	Star Wars puzzles, Star Wars figurines, Harry Potter
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*Do your children need new coats, hats, gloves, and tennis shoes? ___ Yes Do your children need new underwear and socks? ___ Yes

NOTICE: Do NOT request electronic devices, which cost more than \$100. Items costing more than \$100 may not be purchased by sponsoring organizations. PLEASE DO NOT ASK FOR EXPENSIVE ITEMS.
(ex: cell phones, X-Box, PlayStation, iPhone, computers, large smart televisions, etc...)

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