



# 2020 Hickman Angel Tree Application



In order to be eligible for Christmas assistance, applications must have a Hickman address OR all school-aged children enrolled in the Fulton County School District. Rules for acceptance and participation in this program are the same for everyone without regard to race, religion, color, national origin, age, sex or disability. Applications must be **dropped off or mailed to the Hickman Public Library, 902 Moscow Ave, Hickman, KY 42050** postmarked on or before **October 27**. Late applications will NOT be accepted. Selected families will be notified **by phone on November 3**.

### Custodial Parent/Legal Guardian Information:

First & Last Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Marital Status (circle one): S M D SEP W Household Size: \_\_\_\_\_ Monthly Household Income: \$ \_\_\_\_\_

Have you applied for other Christmas assistance this year? YES NO

If yes, what programs have you applied for? \_\_\_\_\_

Why do you feel you need help this Christmas? \_\_\_\_\_

### All persons aged 18 & OLDER living at same address:

First & Last Name	Relationship	Age	Total Monthly Income – List Sources & Amount (include earned wages, child support, food stamps & social security benefits)
	Self		

### All persons UP TO 17 years of age living at same address:

First & Last Name	Relationship	Age	Gender	Shirt Size*	Pant Size*	Shoe Size*	Gift Suggestions**

\*Please note shirt, pant and shoe sizes as Youth (Y) or Adult (A). \*\*Keep in mind the approximate dollar limit of all gifts for each Angel is \$25, so do not list expensive electronics such as phones, gaming systems or TV's.

### Please read and sign below:

All information that I have provided is true and complete to the best of my knowledge. I understand that programs requested are NOT guaranteed. I also acknowledge this assistance program is designed to **supplement** Christmas needs and not be a **complete substitution**. I authorize the Hickman Angel Tree to share age, gender, clothing sizes and gift suggestions with community members who support the program by selecting an Angel from the Hickman Angel Tree.

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_