



SILENT STARS CHRISTMAS ASSISTANCE APPLICATION 2018

Silent Stars provides assistance to needy families from infants through Seniors in High School. All children must live within and be enrolled in CISD. **You must provide proof from CISD of enrollment.** A Verification of Enrollment form provided by the campus of which your child attends, or a copy of a student photo i.d. card will be required.

This application must be completed in its entirety and submitted to the Crandall Police Department no later than **Monday November, 16th 2018.** If you need to return the application after business hours, please place in the City Hall night drop box.

A copy of a utility bill reflecting your name and CISD address, a copy of your current driver's license or identification card and proof of government assistance is required to be submitted with each application. Government assistance can be medicaid, food stamps, social security or any other program that provides for needy families through the government. This is a mandatory requirement to be selected in the Silent Stars program. It is mandatory that you be the legal custodial parent or guardian of each child on your application. You can not receive gifts for children that do not reside with you.

Once the allotted number of applications have been approved, no other applications will be accepted. You will be contacted by mail if your application has been denied. If you are not contacted by a representative then your application has been accepted. **You must provide a valid phone number.** If we are unable to reach you your application will be forfeited. We will contact you for pick up of gifts once request has been filled. You must pick up all gifts at Crandall City Hall, 110 S. Main and provide identification for pick up. Only the applicant is eligible to pick up gifts.

Applicant Name: _____

Street Address: _____

Mailing Address: _____

Phone: _____ Alternate Phone: _____

Relationship to Children: _____

I certify that the following listed children are my legal responsibility. I am the legal custodial parent or guardian of each child. I certify that all documents submitted are true and correct.

Signature

Printed Name

*Child Name: _____ Gender: _____ Male/Female

Age: _____ Grade: _____ School: _____

Gift Request: Must include size on all clothing and Shoes: _____

*Child Name: _____ Gender: _____ Male/Female

Age: _____ Grade: _____ School: _____

Gift Request: Must include size on all clothing and Shoes: _____

*Child Name: _____ Gender: _____ Male/Female

Age: _____ Grade: _____ School: _____

Gift Request: Must include size on all clothing and Shoes: _____

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Age: _____ Grade: _____ School: _____

Gift Request: Must include size on all clothing and Shoes: _____
