NUMBER\_\_\_\_\_\_\_ Date Received by WCTR\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



**WC TOY RUN POB 891 BRIDGEPORT TX 76426**

**WISE COUNTY TOY RUN ASSISTANCE APPLICATION** **AGE REQUIREMENT:** NEWBORN - 17 YEARS OLD

**ALL APPLICATIONS MUST BE TURNED IN OR POSTMARK BY THE DEADLINE 11/15/21.**

**Return by Mail to WC Toy Run, PO BOX 891, Bridgeport Tx. 76426 or by Email to wisecountytoyrun@gmail.com**

**Questions:** wisecountytoyrun@gmail.com

All information MUST be completed to be considered for assistance. **Incomplete applications will be rejected.** All information will be verified for accuracy.

**DATE COMPLETED**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PARENT/LEGAL GUARDIAN INFO**: **TOTAL # OF PEOPLE LIVING IN HOME**:

Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City/Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: Physical Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother: Physical Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer: Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone:

Father: Income & Source:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer: Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone:

Alternate Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

We MUST have an alternate phone # that you can be reached at. Example: Family or Friends phone #.

**INCOME REQUIRMENTS:**

**ALL dollar amounts and assistance received by parents and children must be completed to be considered:**

Child Support per child: \_\_\_\_\_\_\_\_\_ Disability: \_\_\_\_\_\_\_\_\_ Food Stamps: \_\_\_\_\_\_\_\_\_ WIC yes/no

Retirement: \_\_\_\_\_\_\_\_\_\_\_\_ Unemployment: \_\_\_\_\_\_\_\_\_ Medicaid: \_\_\_\_\_\_\_\_ SS Benefits: \_\_\_\_\_\_\_\_\_

Other $ Received and Source of income: \_\_\_\_\_\_\_\_\_

Have you applied for 2021 Christmas assistance elsewhere?

If so, where:

**Fill out the below for each child along with sex, age, grade, school and wish list.**

|  |
| --- |
| Child Name: Boy/Girl: Age: Grade:  School:  Wish List: |

|  |
| --- |
| Child Name: Boy/Girl: Age: Grade:  School:  Wish List: |

|  |
| --- |
| Child Name: Boy/Girl: Age: Grade:  School:  Wish List: |

|  |
| --- |
| Child Name: Boy/Girl: Age: Grade:  School:  Wish List: |

|  |
| --- |
| Child Name: Boy/Girl: Age: Grade:  School:  Wish List: |

|  |
| --- |
| Child Name: Boy/Girl: Age: Grade:  School:  Wish List: |

|  |
| --- |
| Child Name: Boy/Girl: Age: Grade:  School:  Wish List: |

Please briefly include any information you feel important for consideration of your application.

**Referred By:**

**Address:**

**NOTE:** We will contact approved families ONCE ELIGIBILITY IS DETERMINED.

Toy Distribution will be made NO EARLIER OR LATER THAN Friday December 17.

You will receive a text with your pick up information.