## Family Application for Blue Angel Connect Holiday Hope

**Instructions for application**: This application will need to be printed and filled in appropriately. Any questions may be directed to <u>blueangelconnect@gmail.com</u>. The information on this application will help the organization to meet the expected needs of the families and all members in that immediate household. Once the information has been filled in, please email the form back to <u>blueangelconnect@gmail.com</u>.

**Qualifications**: Please note that qualifying families must not have received assistance from Blue Angel Connect in the last 2 years. Only immediate family members in a single household will be sponsored under the Holiday Hope program. To qualify, you must also reside in Hancock or Henry County in the State of Indiana.

## Splanser Information Email: Phone:

As the family sponsor, will you be able to assist Blue Angel Connect YES: NO: to coordinate the family activities on delivery day?

## **Family Information**

Family Name:	
Family Address:	

	Name	Age	Gender *M F	Shoe Size: *TYA	Shirt Size: *TYA	Pant Size: *TYA
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## Wish Items:

ime	Age	Gender *M F	Shoe Size: *T Y A	Shirt Size: *TYA	Pant Size: *TYA
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Wish Items:

\*T Y A – These are defined as Toddler, Youth or Adult

\*\*Please use additional sheets for additional family members

Name	Age	Gender *M F	Shoe Size: *T Y A	Shirt Size: *TYA	Pant Size: *TYA
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Wish Items:

Name	Age	Gender *M F	Shoe Size: *T Y A	Shirt Size: *T Y A	Pant Size: *TYA
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