Slater Family Network

Holiday Giving Application

For Office Use Only

Family Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Benefactor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2025

Children ages 2-12 Eligible

Parent Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Town\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone(Home)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Cell)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you or any other family member signed up with any other agency for holiday assistance? (Please Circle) YES NO

List ALL ADULTS living in the household:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| NAME | AGE | M/F | Employed  Yes or No | If yes, Where? |
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|  |  |  |  |  |
|  |  |  |  |  |

(Continue on back if necessary)

If the adults living in the household have received income from any of the following:

Employment, Unemployment, Cash Assistance (TANF), Workers Compensation, Disability, Social Security, Child Support or Kinship and/or Death Benefits….

THE APPROPIATE PROOF OF INCOME MUST BE ATACHED OR YOU WILL BE DENIED.

Gross Yearly Household Income$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Stating no income is not acceptable)

List Children living in the home age 2-12 ONLY (Continue on back if needed)

Please be specific on the sizing for your children.

For example: Toddlers/Girls/Juniors/Women’s/Men’s/Boys ETC. Please include information for sizing of waist and length of pants if necessary.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Child’s  Full Name | Date of Birth | Gender | Pant Size  Shirt Size | Wish List  Please be specific and limit to 4 items per child |
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\*\*PLEASE NOTE: Benefactors provide gifts for families. Some benefactors are not able to provide items from the wish list.

Slater Family Network is not able to provide any “High priced” electronics or “High priced” other items.

Please Do Not Include on List.

The focus for Santa Help will be

children age 2-12 ONLY.

The holiday giving program is an agreement between my family and Slater Family Network. I agree to allow Slater Family Network to share information with agencies and benefactors to assist my family in the Holiday Giving Program. I agree that no other member of my family nor I will participate for holiday help with any other agency. This is a confidential program, and I must maintain my family’s privacy and confidentiality.

If it is determined that I am registered with any other agency for Christmas help, this agreement will be terminated immediately. I also agree to pick up my items or arrange with family or friends for pick up. Photo ID required.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional information we may find useful: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

APPLICATIONS MUST BE COMPLETELY FILLED OUT AND PAYSTUBS/PROOF OF INCOME/PRINT OUTS ATTACHED

OR YOU WILL BE DENIED.

Applications must be received by November 3, 2025, at 2:00 pm.

Due to funding limitations, ABSOLUTLY NO APPLICATIONS WILL BE ACCEPTED AFTER THE DEADLINE. If we have extra, we can add you to a list but no guarantees.

Approved\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Denied\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

You will be notified by November 10th, 2025. Please call Mrs. Damour at 610-599-7019 or email [Damourpa@bangorsd.org](mailto:Damourpa@bangorsd.org) with any questions.