



Grant A Wish 2025 School Program

APPLICATION FOR GENERAL & TARGETED SCHOOL SUPPLIES.

This application is for economically disadvantaged students in the Chicago area. Our school program is a year round program and you can apply for school supplies once during the current school year only. We give away what we have in stock at the time of the application, but we generally have bookbags/specific & general school supplies. We are working to continue to bring in a variety of school supplies to further help students to advance their educational initiatives. The school systems are always changing what students may be required to bring to class. We work to provide more of a specific variety of school supplies for our students. You must fill out an application for each child separately. This application is for those students who can't afford to purchase the school supplies required.

Mail application: Grant A Wish, Inc School Program P.O. Box 17698 Chicago, IL 60617-0698

Or Email: grantawish1136@gmail.com

Date ____ / ____ /2025

(Parent or Guardian should fill out application.)

Name of Parent/Guardian _____

Home Address _____ Apt # _____ City _____ State _____

Zip Code _____ Your contact # () _____ - _____ Name of your child _____

Age _____ Sex _____ Name of school child attends? _____

Grade _____ Is your child needy _____ disabled _____? To be eligible your child or children will need you to copy & mail with this application proof of income or a letter from your case worker: SSI _____ Public Aid Card or Letter _____ ILL Link Card Documentation _____ Medicaid/Medical Card _____ other _____. We appreciate your cooperation.

If you are approved to receive school supplies you must pick them up? Yes _____ No _____ Would you like to be on our mailing list? Yes _____ No _____ How did you hear about this program? _____

Would you like to received emails? Yes _____ No _____ Do you have an email account? Yes _____ No _____

If yes, list your email account?: _____

STUDENTS SCHOOL SUPPLY LIST: All school supplies are given away free based on availability.

Thank You for your application: (check one or more) What do you absolutely need?

Bookbag _____ Spiral Notebooks _____ Three Ring Binder _____ Folders _____ Three Ring Paper _____ Ruler _____ Pencils _____
Pencil Sharpeners _____ (Pens: Blk _____ Red _____ Blue _____) Glue Bottle _____ Glue Sticks _____ Crayons _____ Composition
Notebook _____ Erasers _____ Calculator _____ Compass/Protractor _____ Paper Clips _____ Scissors _____ Markers _____ Childrens
books _____ Color Markers _____ Sanitizing Supplies _____

List any additional school supplies not listed above that is needed: (Additional Supplies Based on Availability)

You will receive a call to your contact number with a response to your application or you can call us: (773) 454-8352.

FOR OFFICIAL USE: Date request received ____ / ____ /2025 Will request be granted? Yes _____ No _____

Wish Committee review date ____ / ____ /2025 What date will the supplies be available for pick up? ____ / ____ /2025 Were all the supplies available? Yes _____ No _____ If not what was unavailable _____ Will the supplies be made available later? Yes _____ No _____ Authorization by: _____

Title _____ Date ____ / ____ /2025