

United Way of Junction City Geary County



APPLICATION FOR ADOPT-A-BACKPACK

This program is open to children in USD 475, USD 473, and St. Xavier schools. Students must be K-12 only. This application must be received in our office by July 19th, 2024. Assistance will be determined based upon financial need, and first come first served.

Pick up Options

I will pick up my child's backpack on Aug 6th I will pick up my child's backpack on Aug 7th Please deliver to my child's school

PARENT/GUARDIAN INFORMATION				
Name	Spouse/Significant Other			
Mailing Address				
City	State	Zip Code		
Email Address	Phor	e		
Have you received Back-to-Scho	ool assistance from us	in the past		
Yes				
No				

HOUSEHOLD INFORMATION

Total number of fa	amily members in the household	
Adult Male	Adult Female	Children
Is anyone in the ho	ouse a Veteran?	
Yes		
No		
Do you receive fre	e or reduced school lunches?	
Yes		
No		
	MONTHLY GROSS HOUSEHO	LD INCOME (enter numbers)
Employment \$	Unemployment/Other Incom	ne \$
\$ ID22/122	SNAP \$	

PROOF OF INCOME MUST BE PROVIDED

Student #1 Full Name Grade School Favorite color or character Male/Female DOB Male **Female** Student #2 Full Name Grade School Favorite color or character Male/Female DOB Male **Female** Student #3 Full Name Grade

School

DOB

Please include any additional children in the comments section.

Male/Female

Favorite color or character

Male

Female

TERMS OF SERVICE

I CERTIFY THAT MY ANSWERS ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

I UNDERSTAND THAT FALSE OR MISLEADING INFORMATION IN MY APPLICATION MAY RESULT IN A DENIAL FOR THE ADOPT-A-BACKPACK PROGRAM.

I agree to these terms of service	Yes
	No

Comments: