



Shop with a Cop Application Granby Police

(Office Use) Applicant #: _____

Adults Living In Household:

Name:	Date of Birth (MM/DD/YY):	Drivers' License #:	Sex (M or F):
Address:	City / State:	Phone Number:	

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Identify Participating Child(s):

Name:	Age:	Address if Not w/Applicant:	Relationship:
Name:	Age:	Address if Not w/Applicant:	Relationship:
Name:	Age:	Address if Not w/Applicant:	Relationship:
Name:	Age:	Address if Not w/Applicant:	Relationship:
Name:	Age:	Address if Not w/Applicant:	Relationship:
Name:	Age:	Address if Not w/Applicant:	Relationship:

If you are listing children that are not biologically yours then documentation showing custody and support must be provided.

Check List:

If more space is needed, please attach a separate sheet of paper with the relevant information.

☐ Have you participated with the Shop with a Cop Program in the past: **Yes or No** Year: _____

☐ Have you applied for any other charitable organization i.e. Christmas for Kids: **Yes or No** If so list on a separate sheet of paper which ones and where.

☐ Average **yearly salary for household**: \$ _____

Place of Employment _____ City _____ Phone _____

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☐ Do you receive any additional assistance for living?

How much do you receive? Amount: \$ _____ From Where? _____

Put YEARLY amounts on all information requested. A review process will be performed if all information is provided. Each applicant will be contacted via letter or by phone to let them know if they have been approved or disapproved.

Why are you requesting assistance? Remember to be descriptive because with the number of applications it makes the process competitive. Children with the highest needs and difficulties to overcome will be considered first.

The Granby Police Department will be cross-referencing all applications with the other local Christmas programs to ensure everyone receives a fair chance at participating. If you have already signed up and been approved by a separate program, your application will most likely be declined.

-----OFFICE USE ONLY-----

Approved: ☐ Yes ☐ No Date: ____/____/____ Initials/DSN: _____

Wait Listed: ☐ Yes ☐ No Date: ____/____/____ Initials/DSN: _____

Comments: _____