Granby Police and Fire Department Shop with a Hero **Application**

(Office Use) Applicant #:	(Office L	Jse) App	licant #:	
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		(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:		
	1				
Name:	Date of E	Birth (MM/DD/YY):	Drivers' License #:		Sex (M or F):
Address:	City / Sta	ate:	Phone Number:		
Name:	Date of E	of Birth (MM/DD/YY): Drivers' License #:			Sex (M or F):
Address:	City / Sta	ate:	Phone Number:		
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Name:	Date of Birth (MM/DD/YY):		Drivers' License #: Se		Sex (M or F):
Address:	City / State:		Phone Number:		
Identify Participating Child(s):	<u> </u>				
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:		Rela	tionship:
Name:	Age:	Address if Not w/Applicant:		Rela	tionship:
Name:	Age:	Address if Not w/App	olicant:	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, pleas	e attach a separate she	et of paper with the relev	ant information.
Have you participated with	the Shop with a Cop Pr	rogram in the past: Yes	or No Year:
Have you applied for any o	ther charitable organiza	ation i.e. Christmas for Ki	ds: Yes or No If so list on
a separate sheet of paper which	ch ones and where.		
Average yearly salary for h	ousehold:\$		
Place of Employment	City	Phone	
Place of Employment			
Do you receive any addition	onal assistance for living	;?	
How much do you rece	ive? Amount: \$	From Where?	
Put YEARLY amounts on all info	ormation requested. A	review process will be pe	erformed if all information is
provided. Each applicant will b	e contacted via letter c	r by phone to let them kr	now if they have been approved
or disapproved.			
Why are you requesting assista	ance? Remember to be	e descriptive because with	the number of applications it
makes the process competitive	e. Children with the hig	hest needs and difficultie	es to overcome will be
considered first.			
The Granby Police Department	t will he cross-referenci	ng all annlications with th	ne other local Christmas
programs to ensure everyone		•	
approved by a separate progra			, = ,
approved by a separate progre	in, your application wil	i most intery be declined.	
	OFFIC	E USE ONLY	
Approved: Yes No			
Approved. [163 [100	Date	IIII(Iais/D3N	· <u> </u>
Wait Listed: Yes No	Date: /	/ Initials/DSN	
vvait Listed 185 110	Date/	IIIILIAIS/DSIN	<u>'</u>
Comments:			