



# School Supply Request



<b>Child's Name:</b>	<b>Gender:</b> M      F	<b>Age:</b>
<b>Address:</b>	<b>Ethnicity:</b> (optional – for statistics only)	
<b>City:</b>	<b>State:</b> NY	<b>Zip:</b>
<b>School:</b>	<b>Grade:</b>	Food Stamps-    Y    N Public Assistance- Y    N
<b>Parent/Guardian:</b>	<b>Phone #:</b>	

Special requests (ex. Color of folders, size of binders, etc.)
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Return Completed Form to: **Youth Mentoring Services of Niagara County**  
**86 Park Avenue Lockport, NY 14094 or Fax: 716-434-2242**  
 Distribution based on donations. All requested items may not be available.  
 Completion of application does not guarantee receipt of backpack and/or school supplies.

<b>Office Use Only:</b>	
Date Application Received:	Staff:
Date Picked Up:	Signature: