



Tools for School Request



Parent/Guardian:	Food Stamps- Y N	Phone #:
Address:	Public Assistance- Y N	
City:	State: NY	Zip:
Email address:		

Child's Name:	Age:	Gender: M F
Ethnicity: (optional – for statistics only)	Grade:	School:
Special requests (ex. color of folders, size of binders, etc.)		

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Return Completed Form to: **Youth Mentoring Services**
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.

Office Use Only:
Pick up