



United Way of Junction City Geary County

# United Way of Junction City/Geary County School Supply Request

## Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*  
\_\_\_\_\_  
*City State ZIP Code*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Employment Status: \_\_\_\_\_ Annual Income: \_\_\_\_\_ # of People in Home: \$ \_\_\_\_\_

Are you a citizen of the United States? YES  NO  If no, are you authorized to work in the U.S.? YES  NO

Have you applied for services through another agency for school supplies? YES  NO  If yes, when? \_\_\_\_\_

If you have received support from another agency for school supplies, and you do not provide that information, it could result in removal from the Adopt a Back-Pack Program. Do you understand and agree to this requirement? YES  NO

## CHILD INFORMATION

Child Name: \_\_\_\_\_ Grade/School Attending: \_\_\_\_\_

Boy/Girl \_\_\_\_\_  
Child Name: \_\_\_\_\_ Grade/School Attending: \_\_\_\_\_

Boy/Girl \_\_\_\_\_  
Child Name: \_\_\_\_\_ Grade/School Attending: \_\_\_\_\_

Boy/Girl \_\_\_\_\_

## Disclaimer and Signature

*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 or interview may result in my release from the Adopt-A-Backpack Program.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*Completed Applications need to be turned into UWJCGC. PO Box 567 Junction City KS 66441, 139 E. 8<sup>th</sup> Junction City KS, or emailed to [director@unitedwayjcgc.org](mailto:director@unitedwayjcgc.org)

**Office Use Only**

Name: \_\_\_\_\_

ID \_\_\_\_\_

Address: \_\_\_\_\_

Geary  
County \_\_\_\_\_

Interviewed By: \_\_\_\_\_ Approved By \_\_\_\_\_