

United Way of Junction City Geary County



APPLICATION FOR ADOPT-A-BACKPACK

Students attending school in Geary County, Chapman, and Enterprise, kindergarten through 12th grade, may apply for the Adopt-A-Backpack program. Proof of household income MUST be provided.

Application does not guarantee approval. Approval depends on funding. Please specify which school your child/ren will be attending.

APPLICATION DEADLINE IS JULY 10th, 2023

Parent/Guardian	Name:			
Address:				
Phone:				
Email:				
		HOUSEHOLD INFO	RMATION	
Child information Students Name	Grade	School Attending	Boy/Girl	Favorite color/character

NUMBER OF PEOPLE IN THE HOUSEHOLD: _____

PARENT/GUARDIAN INFORMATION EMPLOYMENT INFORMATION

Annual income for all members of the hou	ısehold:
(Please specify if income is work/disability/o BE PROVIDED)	child support, etc. ALL INCOME/FINANCIAL SUPPORT MUST
Which statement best describes your curre	ent employment situation?
Please include a copy of your most recent	paystub.
Do you give us permission to make a refer	ral on your behalf to other resource agencies?
YES	NO
Have you applied for "back to school" ser	vices from any other agency?
YES	NO
120	110
I CERTIFY THAT MY ANSWERS ARE T	RUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.
	LEADING INFORMATION IN MY APPLICATION MAY
RESULT IN A DENIAL FOR THE ADOP	T-A-BACKPACK PROGRAM.
Signature	
App	olications can be submitted
рр	
<u>Mail</u>	Electronically (please scan in along with
United Way of	supporting documents)
Junction City/Geary County	director@unitedwayjcgc.org
PO Box 567	
Junction City KS 66441	

Once the application is received, a member of our team will review the information. You will be contacted for screening.

<u>**Dropped off**</u> (Please respect social distancing. If you are feeling ill, please mail in application.) United Way of Junction City/Geary County

139 E. 8th

Junction City KS 66441