

Client ID:



United Way of Hunterdon County

# Due Friday, July 14, 2017 Tools 4 School Client Request Form 2017

**How to qualify: Hunterdon County Students that qualify for the free/reduced (F/R) lunch program**

**OR Family has a demonstrated need**

This application **MUST BE** postmarked or dropped off at United Way of Hunterdon by **FRIDAY, July 14th**. If you are to receive a school supply kit you will be notified by postcard that will provide you with the location/date/time of pick up by **August 14<sup>th</sup>**.

GUARDIAN 1 INFORMATION (Required)	GUARDIAN 2 INFORMATION (Optional)
First Name: _____ Last Name: _____	First Name: _____ Last Name: _____
Email (Required): _____	Email: _____
Mailing Address: _____	Mailing Address: _____
City: _____ State: <u>NJ</u> Zip Code: _____	City: _____ State: <u>NJ</u> Zip Code: _____
Home Phone: _____	Home Phone: _____
Cell/Alternate Phone: _____	Cell/Alternate Phone: _____
Preferred Language (Circle): ENGLISH SPANISH ARABIC OTHER	Preferred Language (Circle): ENGLISH SPANISH ARABIC OTHER

### T4S Program Disclaimer

I agree to participate in the Tools 4 School Program through United Way of Hunterdon County. I understand that school kits are filled as requests are received, and that items will be provided according to the child's age, grade and gender. I understand that my child may not receive the same supplies as other children, and that some supplies may not be available. Kits will include **basic school supplies**. Supplies are available for K-12<sup>th</sup> grade. If you **do not** need a backpack you may still receive the supplies, just indicate so on this application. Backpacks are generic and plain in order to purchase as many as possible.

### STUDENT NAME & INFORMATION (ALL INFORMATION BELOW REQUIRED! PRINT ALL INFORMATION!)

First Name	Last Name	Grade in 9/17	School	Girl/Boy	Date of Birth (MM/DD/YY)	Back Pack?	F/R Lunch?
					/ /	Y or N	Y or N
					/ /	Y or N	Y or N
					/ /	Y or N	Y or N
					/ /	Y or N	Y or N
					/ /	Y or N	Y or N

F/R Lunch? = Does your child receive free and/or reduced lunches at school.

I authorize United Way of Hunterdon County to release the name(s) of the children on this request to their school nurse to eliminate school supply request duplication.

Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

**SUBMIT BY:** FAX: 908-237-1466  
E-MAIL: amy@uwhunterdon.org  
MAIL: United Way of Hunterdon County  
PO Box 2290  
Flemington, NJ 08822

**Drop-off:** Amy Andersen  
United Way of Hunterdon County  
20 Fulper Rd.  
Flemington, NJ 08822  
Office Hours: Mon-Friday 9am-5pm

If you have any questions please contact Amy Andersen, Volunteer Engagement Manager at 908-237-1689 or email amy@uwhunterdon.org.

## GIVE. ADVOCATE. VOLUNTEER.