

PLYMOUTH GOODFELLOWS APPLICATION 2024

Parent/Guardian Names

Significant Other

Address and Zip Code:

Email address:

Cell phone number with area code:

Phone number #2 with area code:

Name and relationship of other adults in the household:

*Eligible children must live in your household full time and be 18 y/o or younger. Proof of address could be the student demographics page (MiStar), medical bill, DHS letter, custody or guardian papers.

List **children's** complete information:

	First and Last Name	Age	Gender	School and Grade
1	_____	_____	_____	_____
2	_____	_____	_____	_____
3	_____	_____	_____	_____
4	_____	_____	_____	_____
5	_____	_____	_____	_____
6	_____	_____	_____	_____

Please complete and sign the reverse side of this application.

Monthly household income including wages, SS, SSI, SSD, DHS benefits, child

support: _____

Describe your reasons for requesting help

TOY AND CLOTHING SUGGESTIONS FOR EACH CHILD

Toys: May include game or gift cards

Clothes: include size/dept. & color preference

1	<hr/> <hr/>	<hr/> <hr/>
2	<hr/> <hr/>	<hr/> <hr/>
3	<hr/> <hr/>	<hr/> <hr/>
4	<hr/> <hr/>	<hr/> <hr/>
5	<hr/> <hr/>	<hr/> <hr/>
6	<hr/> <hr/>	<hr/> <hr/>

The Plymouth Goodfellows have my permission to share this information with the Salvation Army.

My family is not asking for or accepting Christmas help from any other organization, church, or school.

This information is true and accurate. Signature _____

MAIL THE COMPLETE APPLICATION AND PROOF OF RESIDENCY FOR ADULTS AND EACH CHILD BY OCTOBER 31, 2024

TO: PLYMOUTH GOODFELLOWS PO BOX 700912 PLYMOUTH, MI 48170 (734)262-3199