Child's Name:	**Gender:** M F	**Age:**
Address:	**Ethnicity: (optional)**	
City:	**State:** NY	**Zip:**
School:	**Grade:**	Food Stamps- **Y** **N** Public Assistance- **Y** **N**
Parent/Guardian:	**Phone #:**	

Supplies Needed: Attach school list, if available
Special requests (ex. Color of folders, size of binders, etc.)

Return Completed Forms To: **Youth Mentoring Services of Niagara County**
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.
Pick-up is in either Lockport or Niagara Falls.

Office Use Only: