



Bedford Community Christmas Station
**Shoes & Supplies for
 Students**
 Application for Assistance
 2021



Name of Parent/Guardian: _____

Address: _____ VA
 Street City VA Zip

Home/Cell Phone: _____ Email Address: _____

Child's Name: _____ Date of Birth: _____
 First Middle Initial Last

Gender: _____ Shoe Size: *** _____

**be sure to indicate boy/girl and child/adult size. 1/2 sizes will be rounded up to nearest full size.

Name of School: _____ Grade: _____

Child's Name: _____ Date of Birth: _____
 First Middle Initial Last

Gender: _____ Shoe Size: *** _____

**be sure to indicate boy/girl and child/adult size. 1/2 sizes will be rounded up to nearest full size.

Name of School: _____ Grade: _____

Child's Name: _____ Date of Birth: _____
 First Middle Initial Last

Gender: _____ Shoe Size: *** _____

**be sure to indicate boy/girl and child/adult size. 1/2 sizes will be rounded up to nearest full size.

Name of School: _____ Grade: _____

Child's Name: _____ Date of Birth: _____
 First Middle Initial Last

Gender: _____ Shoe Size: *** _____

**be sure to indicate boy/girl and child/adult size. 1/2 sizes will be rounded up to nearest full size.

Name of School: _____ Grade: _____

Child must be attending a Bedford County Public School or be registered with BCPS as a homeschool student to be eligible. Grades K through 12 are eligible.

You need to have physical and legal custody of each child that you list on this application and the child must be living in your household.