

SILENT STARS CHRISTMAS ASSISTANCE APPLICATION



Silent Stars provides assistance to needy families from infants through Seniors in High School. All children must live within and be enrolled in CISD.

This application must be completed in its entirety and submitted to the Crandall City Hall no later **Friday, November 6th, 2020**. Due to large amounts of applicants there could be an earlier cut off date. If you need to return the application after business hours, please place complete application in front door night drop slot.

MANDATORY REQUIREMENTS

- Application
- Proof from CISD of enrollment
- Copy of a utility bill reflecting your name and CISD address
- Copy of current driver's license or ID card
- Proof of Government assistance
- Only the applicant is eligible to pick up gifts



These are all mandatory requirements to be selected in the Silent Stars program. It is mandatory that you be the legal custodial parent or guardian of each child on your application. You can not receive gifts for children that do not reside with you.

Once the allotted number of applications have been approved, no other applications will be accepted. You will be contacted by mail if your application has been denied.

We will contact you for pick up of gifts once request has been filled, therefore we must have a good phone number. Gifts will be picked up from Crandall City Hall, 110 S Main. Only the applicant is eligible to pick up gifts, you will have to provide identification.

We will not accept requests for X-boxes, Playstations, or Gift Cards.

Acceptable request include but are not limited to: clothing, shoes, coats or jackets, board games, art sets, barbie dolls, baby dolls, bicycles, building blocks, ride on cars, hot wheels, ect..



Applicant Name: _____

Street Address: _____

Mailing Address: _____

Phone: _____ Alternate Phone: _____

Relationship to Children: _____

I certify that the following listed children are my legal responsibility. I am the legal custodial parent or gaurdian of each child. I certify that all documents submitted are true and correct.

Signature Printed Name

*Child Name: _____ Gender: Male/Female

Age: _____ Grade: _____ School: _____

Gift Request: Must include size on all clothing and Shoes: _____

*Child Name: _____ Gender: Male/Female

Age: _____ Grade: _____ School: _____

Gift Request: Must include size on all clothing and Shoes: _____

*Child Name: _____ Gender: Male/Female

Age: _____ Grade: _____ School: _____

Gift Request: Must include size on all clothing and Shoes:

*Child Name: _____ Gender: _____ Male/Female

Age: _____ Grade: _____ School: _____

Gift Request: Must include size on all clothing and Shoes:

*Child Name: _____ Gender: _____ Male/Female

Age: _____ Grade: _____ School: _____

Gift Request: Must include size on all clothing and Shoes:

*Child Name: _____ Gender: _____ Male/Female

Age: _____ Grade: _____ School: _____

Gift Request: Must include size on all clothing and Shoes:

