



HEIPA DISTRICT YOUTH CHRISTMAS

Please Print

Parent/Guardian: _____ Phone #: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

YOUTH NAME	YOUTH NAME

Child(ren) listed above must be in **Legal** and **Physical** custody of the parent/guardian submitting application. Child(ren) must be enrolled with SWO and Heipa Youth. We will abide by all court orders and custody papers.

Anyone receiving assistance from another district will be responsible for repayment and will not receive youth assistance in the future.

Signature of Parent/Guardian: _____ Date: _____

All applications must be turned in at the Heipa District Center

Application deadline: Post Marked December 22, 2024.