



# THE ANGEL FUND

■ **PLEASE COMPLETE APPLICATION (Please use a pen and press FIRMLY):**

Date of Application \_\_\_\_\_ Parent/Guardian(s) Name \_\_\_\_\_

Name of Student(s) \_\_\_\_\_

Home # \_\_\_\_\_ Cell # \_\_\_\_\_

Address \_\_\_\_\_

School \_\_\_\_\_ Grade Level \_\_\_\_\_

Do you reside in Helena Housing  yes  no Email address \_\_\_\_\_

Angel Coordinator _____ <small>SIGNATURE</small>
Date of approval _____
Attendance Satisfactory <input type="checkbox"/> yes <input type="checkbox"/> no

Does your child qualify for free/reduced lunch?  yes  no

Parent Signature \_\_\_\_\_

■ **PLEASE TURN APPLICATION INTO ANGEL COORDINATOR FOR SIGNATURE AND APPROVAL.**

■ **ANGEL COORDINATOR WILL RETURN PINK COPY OF APPLICATION WITH INSTRUCTIONS FOR ANGEL HOLD. YOUR STUDENT'S ANGEL FUND APPLICATION HAS BEEN APPROVED FOR \_\_\_\_\_. YOU MAY NOW SHOP FOR SCHOOL-APPROPRIATE ITEMS AT ONE OF THE FOLLOWING MERCHANTS IN HELENA: MACY'S, SHOPKO, TARGET, TJMAXX OR WALMART. PLEASE TAKEYOUR ITEMS TO CUSTOMER SERVICE AND ASK FOR THE AMOUNT. THE MERCHANT WILL NEED TOP PORTION OF PINK COPY.**

■ **MUST HAVE PINK COPY OF APPLICATION TO PLACE ON YOUR CHILD'S HOLD AT MERCHANT. TOP PORTION ONLY REMAINS AT STORE; BOTTOM SECTION IS TO BE RETURNED TO ANGEL COORDINATOR.**

■ **ANGEL COORDINATOR WILL NOTIFY YOU WHEN HOLD IS PAID.**

■ **IF YOU WOULD LIKE TO ACKNOWLEDGE THE ANGEL FUND, THE ADDRESS IS: P.O. BOX 7436, HELENA, MONTANA 59604; OR DELIVER TO YOUR ANGEL COORDINATOR. THANK YOU!**

Name of Student: \_\_\_\_\_ School: \_\_\_\_\_

Merchant: \_\_\_\_\_ Total: \_\_\_\_\_

(For office information only): \_\_\_\_\_



The Angel Fund is a nonprofit 501c3 United Way Agency helping children in the Helena School District needing assistance.

