

**APPLICATION FOR OPERATION SANTA CLAUS (OSC) SUPPORT**  
**APPLICATION DEADLINE: MUST BE POSTMARKED BY NOVEMBER 25th, 2022**

Towns Served by OSC: Bradford, Newbury, Corinth, Topsham, Vershire, Fairlee, West Fairlee, Piermont, Orford, NH

Operation Santa Claus serves children between the ages of 1 and 16. Applications should be mailed to:  
Operation Santa Claus, PO Box 115, Bradford, VT 05033

By completing this application and signing below you are asserting that you will not be applying for or receiving support from other organizations this year.

Families will be notified by mail if your family will be receiving support this year by December 2nd, 2022. Pick-up of items will be December 10<sup>th</sup>, 2022. Pick up location to be determined, we will notify you with your acceptance letter.

For question's, please call Ryan Chase at 802-505-8144.

PLEASE PRINT CLEARLY (All fields must be completed)

Parent #1 Name \_\_\_\_\_  
Is this parent employed OUTSIDE the home? Circle One Yes No If Yes, Hours per week: \_\_\_\_\_  
Mailing Address \_\_\_\_\_ Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Physical Address \_\_\_\_\_ Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Best number to reach you (cell, home, work) \_\_\_\_\_  
Email address: \_\_\_\_\_

Parent #2 Name \_\_\_\_\_  
Is this parent employed OUTSIDE the home? Circle One Yes No If Yes, Hours per week: \_\_\_\_\_  
Mailing Address \_\_\_\_\_ Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Physical Address \_\_\_\_\_ Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Best number to reach you (cell, home, work) \_\_\_\_\_  
Email address: \_\_\_\_\_

My family has received Operation Santa Claus support for \_\_\_\_\_ years (enter the number of years, if zero, enter 0).

MY FAMILY NEEDS OSC BECAUSE: (This is required and must give the committee a complete understanding of your family's situation):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

THIS VERIFICATION STATEMENT MUST BE SIGNED BY ONE OF THE PARENTS LISTED ABOVE:

I, \_\_\_\_\_, verify that the information stated on this application is true of my current situation and I have not applied to any other organization for assistance.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Note: Operation Santa Claus committee reserves the right to make modifications to guidelines as needed.

**Circle One: Male Female Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Favorite Color: \_\_\_\_\_**

List types of toys or other items your child would like (examples: Paw Patrol, Barbie, Legos, Superheroes)

- 1. \_\_\_\_\_ 2. \_\_\_\_\_
- 3. \_\_\_\_\_ 4. \_\_\_\_\_

List types of arts, crafts or hobbies this child enjoys (examples: jewelry making, wood crafts, puzzles)

- 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

If this child needs clothing, please check the types and write the size beside the item:

\_\_\_\_\_ Shirts Size \_\_\_\_\_ Shoes Size \_\_\_\_\_ Winter Coat Size \_\_\_\_\_ Sleepwear Size \_\_\_\_\_  
 \_\_\_\_\_ Pants Size \_\_\_\_\_ Socks Size \_\_\_\_\_ Winter Boots Size \_\_\_\_\_ Hat/Mittens Size \_\_\_\_\_

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If you have children younger than 1 year old, or older than 16 years old, please provide gender and age here: