

Soles FOR STUDENTS

APPLICATION:

The following student is recommended as qualifying for consideration by **Soles for Students, Inc.** to receive a voucher for a new pair of shoes.

Name: _____

Parents or Guardians: _____

Address: _____

Phone: _____

Grade: _____ Date of Birth: _____

Preferred Store:

Shoe Sensation _____

Parents' Employment:

Father: Yes ____; No ____ Mother: Yes ____; No ____

Total Number of persons in household: ____

Family Income of provider(s) in household:

Under \$20,000.00 _____

Under \$35,000.00 _____

Over: _____

Name of Counselor: _____ Phone: _____

Name/Address of School &/OR School Counselor: _____

Email: _____

Unfortunately, as this is a charity, Vouchers will be provided strictly based upon availability of funds at time of application and submission is no guarantee that shoes may be available.

STUDENT MUST BE PRESENT AND SIZED TO RECEIVE SHOES --MUST PRESENT VOUCHER TO STORE WITH GIFT CERTIFICATE!!