

## Angels for Christmas 2025 Application

<b>*Primary Parent or Guardian Name</b>	
<b>Mailing Address</b>	
<b>Street Address</b>	
<b>Primary Phone</b>	(    )
<b>Secondary Phone</b>	(    )
<b>Email</b>	
<b>Emergency Contact Phone (required)</b>	(    )

Please list below the name and date of birth of each child ages 0-12<sup>th</sup> grade in your guardianship that you need assistance in providing gifts for that reside in the A-C Valley School District.

Child's Name, First & Last	Date of Birth	Age	Gender	Grade(if school age)	Teacher (if in Elem. School)
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Please indicate the types of assistance (if any) that your family receives.

Types of Assistance Received that Indicate Financial Need	Yes	No
Cash Assistance		
Medical Assistance		
SNAP/WIC		
Free/Reduced School Lunches		
HUD		
SSI/SSDI		
Unemployment Compensation (presently or in the last year)		
Are you or have you been laid off in the last year?		
Housing Instability		
Other (please list)		

**Please return this application to the A-C Valley FIRST Program at PO Box 100, Foxburg, PA 16036 or with your child to make sure it is received by FIRST Program Personnel as soon as possible.** This application will be processed by the FIRST Program after it has been received. Approved applicants will receive a phone call to schedule an in-person appointment time to complete the required forms in Emlenton, Parker, St. Petersburg or at ACV Elementary in the month of October. The deadline for all appointments is October 28, 2025. **If you do not receive a phone call confirming receipt of your application with two weeks of sending it in, please call the FIRST Program at 724-659-4661 ext. 2211.** Only the **primary parent or guardian** of a child may apply for Angels for Christmas.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date