APPLICATION FOR OPERATION SANTA CLAUS (OSC) SUPPORT

APPLICATION DUE BY NOVEMBER 22,2026

Operation Santa serves children between the ages of 1 and 18 years old from the towns of Bradford, Newbury, Corinth, Topsham, Vershire, Fairlee, West Fairlee, Piermont, & Orford.

MAIL completed applications to P.O.Box 115 Bradford, VT 05033 (Must be post marked by 11/22)

For questions please email OSCBRADFORDVT@gmail.com or Laura Shrewsbury-Pichette 781-771-8669.

Parent #1_____

Is this parent employed OUTSIDE the home? _____If yes, how many hours per week? If no, why is this parent not employed?_____

_____

Mailing Address_____Town_____State_____Zip_____

Physical Address_____Town_____State_____Zip_____

Phone (cell, home, work) _____Email Address_____

Parent #2 Name MUST BE INCLUDED_____

Is this parent employed OUTSIDE the home? _____If yes, how many hours per week? If no, why is this parent not Employed?_____

_____

Mailing Address_____Town_____State_____Zip_____

Physical Address_____Town_____State_____Zip_____

Phone (cell, home, work) _____Email Address_____

My family has received Operation Santa Claus Support for _____years (enter number of years, if zero, enter 0).

Explain why your family needs support from OSC. (This is required and must give the committee a complete understanding of your family's situation):_____

_____

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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. Applications can be denied.

#of children_____

Child #1: Male Female non-binary Age:_____Grade & School _____Favorite Color_____

List types of gifts that your child would like(examples: Paw Patrol, Barbie, Legos, Superheroes)

_____

_____

_____

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

_____

_____

_____

List Clothing NEEDS and Sizes. Please indicate Child or adult sizes.

_____

_____

_____

Child #2: Male Female non-binary Age:_____Grade & School _____Favorite Color_____

List types of gifts that your child would like(examples: Paw Patrol, Barbie, Legos, Superheroes)

_____

_____

_____

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

_____

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_____

List Clothing NEEDS and Sizes. Please indicate Child or adult sizes.

_____

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Child #3: Male Female non-binary Age:_____Grade & School _____Favorite Color_____

List types of gifts that your child would like(examples: Paw Patrol, Barbie, Legos, Superheroes)

_____

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_____

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

_____

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_____

List Clothing NEEDS and Sizes. Please indicate Child or adult sizes.

_____

_____

Child #4: Male Female non-binary Age:_____Grade & School _____Favorite Color_____

List types of gifts that your child would like(examples: Paw Patrol, Barbie, Legos, Superheroes)

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

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List Clothing NEEDS and Sizes. Please indicate Child or adult sizes.

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Child #5: Male Female non-binary Age:_____Grade & School _____Favorite Color_____

List types of gifts that your child would like(examples: Paw Patrol, Barbie, Legos, Superheroes)

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

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List Clothing NEEDS and Sizes. Please indicate Child or adult sizes.

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Anything important Santa should know?

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