

Big Coulee District Youth
School Clothes Youth Assistance
Application

Child's Name _____ DOB _____

Child's SWO Enrollment number _____ Grade _____

Child's CURRENT Address _____
_____ Phone _____

Name and Address of School Attending _____ Phone _____

Mother's Name _____ District Affiliation _____

Father's Name _____ District Affiliation _____

Child Resides with: _____ Mother _____ Father _____ Both _____ Other _____

Assistance is requested for (purpose): _____

\$ _____
Amount of Request

Signature of Parent/Guardian _____ Date _____

Youth Committee:

_____ Approved _____ Denied _____
Reason for denial

Signature _____ Date _____ Signature _____ Date _____

Please note ~ if your child has been recently enrolled in the Big Coulee district and is 1 yr. or older there is a 6month waiting period from date of approval