



**APPLICATION FORM**

PO Box 16225  
Newport News, VA 23608  
(757) 660-2368

**Attach  
Passport Size  
Photo**

Applicant's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Complete Address, including zip code \_\_\_\_\_ # of Children \_\_\_\_\_

\_\_\_\_\_ Ages of Children \_\_\_\_\_

Home Phone, Cell Phone & Email Address \_\_\_\_\_ Annual Income \_\_\_\_\_

Employer's Names, Complete Address & Phone Number \_\_\_\_\_ # of Work Hours Per Week \_\_\_\_\_

Are You Receiving Child Support \_\_\_\_\_ Support Amount \_\_\_\_\_ Last Date of Child Support \_\_\_\_\_

List Two Persons and their Contact Numbers In Case of Emergency

1) \_\_\_\_\_ (Relationship) \_\_\_\_\_

2) \_\_\_\_\_ (Relationship) \_\_\_\_\_

**Check List of Required Documents to be forwarded with This Application**

- \_\_\_\_\_ Two Page Essay (Double Spaced with Name & Current Date)
- \_\_\_\_\_ Proof of Income (Cover Page to 1040 Taxes & Current Paystub(s))
- \_\_\_\_\_ Proof of Child(rens) Birth Certificate(s)
- \_\_\_\_\_ Proof of Household Bills (Originals may be forwarded with this application)
- \_\_\_\_\_ One Passport Size Photo
- \_\_\_\_\_ \$15.00 Donation Fee

*I certify that all the information provided is true and any false information will result in my application being denied.  
Proof of original documentation may be required.*

Applicant's Name (Print)

Date

Applicant's Signature

Date