



School Supply Request



Child's Name:	Gender: M F	Age:
Address:	Ethnicity: (optional)	
City:	State: NY	Zip:
School:	Grade:	Food Stamps- Y N Public Assistance- Y N
Parent/Guardian:	Phone #:	

Supplies Needed: Attach school list, if available
Special requests (ex. Color of folders, size of binders, etc.)

Return Completed Forms To: **Youth Mentoring Services of Niagara County**
86 Park Avenue Lockport, NY 14094 or Fax: 716-434-2242
 Distribution based on donations. All requested items may not be available.
 Completion of application does not guarantee receipt of backpack and/or school supplies.
 Pick-up is in either Lockport or Niagara Falls.

Office Use Only:	
Date Received:	Staff:
Date Delivered:	Signature: