

# \_\_\_\_\_  
(Office use only)

## **2024 St. Vincent de Paul School Supply Program Application**

Please fill out one application *PER CHILD*. St. Vincent de Paul of Sauk Prairie will continue our efforts to connect Sauk Prairie School District students with the tools needed to be successful in the upcoming school year.

Please return this application to the St. Vincent de Paul Store at 815 19<sup>th</sup> Street in Prairie du Sac by no later than Saturday, August 17<sup>th</sup>, 2024.

**Please make sure to fill in all information to ensure proper processing.**

**Date of Application:** \_\_\_\_\_

**Student Name (First and Last):** \_\_\_\_\_

**Male/Female (please circle one)**

**Name of School:** \_\_\_\_\_ **Grade Level:** \_\_\_\_\_

**Name of Teacher(s) (if applicable):** \_\_\_\_\_

**Parent(s) or Guardian(s) Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone Number (include area code):** \_\_\_\_\_

***\*We will call you once your application has been processed and your backpacks are ready to be picked up. Once we have called you, please stop in to the cashier at the St. Vincent de Paul Store, 815 19<sup>th</sup> Street in Prairie du Sac to pick up your child's supplies.***

**PLEASE CHECK THIS BOX IF YOUR CHILD DOES NOT NEED EARBUDS/HEADPHONES!**

**CERTIFICATION STATEMENT:** I understand that the above information is being used to determine my eligibility for assistance in the St. Vincent de Paul School Supply Program. I certify that the above information is true and complete to the best of my knowledge.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized by: \_\_\_\_\_ Date: \_\_\_\_\_  
(Office use only)

***\*ALL NAMES AND INFORMATION ARE CONFIDENTIAL!***

Please refer all questions to (608) 643-8905 ext. 10 or (608) 644-0504 ext. 10.