

Angel Tree 2017

Student Name: _____ SID #: _____

Address: _____ Apt #: _____

City: _____ State: _____ Zip: _____

Number in Household: _____ Number of qualifying children in household: _____

Pell grant eligible: Yes No (Student must be Pell Grant eligible to qualify for the Angel Tree)

Child's Name: _____ Age: _____ Gender: _____

Holiday Gift Wish*: _____

Shirt Size: _____ Pant size: _____ Shoe size: _____

Child's Name: _____ Age: _____ Gender: _____

Holiday Gift Wish*: _____

Shirt Size: _____ Pant size: _____ Shoe size: _____

Child's Name: _____ Age: _____ Gender: _____

Holiday Gift Wish*: _____

Shirt Size: _____ Pant size: _____ Shoe size: _____

Holiday gift wish not to exceed \$50.00 per child.

If you have additional children please put their information on the back.

(Maximum age limit: Senior in High School)

I authorize the access of my student financial aid record to the Angel Tree Committee for purposes of determining eligibility for the Angel Tree program.

Student signature: _____ Date: _____

APPLICATION DUE OCTOBER 27

Turn in completed application to Hearnes Hall 315

(The first 50 children received and verified are guaranteed to become Angel's on this year's Angel Tree)

ANGEL GIFT PICK UP 5:00 PM TO 7:00 PM DECEMBER 6

Or by Appointment only December 3rd

Please bring your Lion Card for identification at pickup.